

R41 4  
2

Accepted by the Graduate Faculty, Indiana University at South Bend, in partial fulfillment of the requirements for the degree of  
**RELIGION IN THE LIVES OF THE ELDERLY**

Leah D. Kelly, B.G.S.

*John L. McIntosh*  
John L. McIntosh, Ph.D.  
(Project Advisor)

*H. Daniel Cohen*  
Chancellor H. Daniel Cohen, Ph.D.

*William J. Frascella*  
William J. Frascella, Ph.D.  
(Committee Chairman)

HZ

11

.K294

Submitted to the faculty of the Graduate School  
in partial fulfillment of the requirements  
for the degree  
Master of Liberal Studies  
in the Division of Arts and Sciences  
Indiana University at South Bend

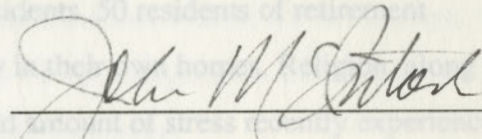
Date of Oral Examination

December 1988

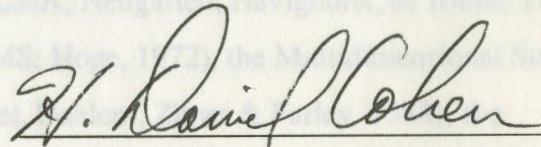
Indiana University  
Library  
South Bend

JR

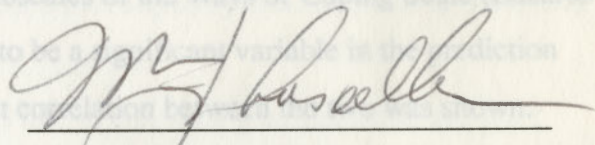
Accepted by the Graduate Faculty, Indiana University at South Bend, in partial fulfillment of the requirements of the degree of Master of Liberal Studies.



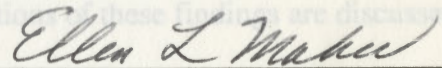
John L. McIntosh, Ph.D.  
(Project Advisor)



Chancellor H. Daniel Cohen, Ph.D.

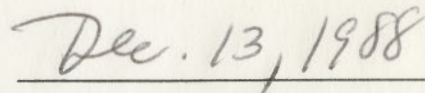


William J. Frascella, Ph.D.  
(Committee Chairman)



Ellen L. Maher, Ph.D.

Date of Oral Examination





## Abstract

Much of the literature on religion and the elderly states that religion is significantly related to life satisfaction. Most of the studies conducted include exclusively community living elderly. Participants in the present investigation were 136 elderly individuals, aged 60 and over. There were 41 elderly nursing home residents, 50 residents of retirement communities and 45 who lived independently in their own homes. Religion, along with health, social support, coping mechanisms and amount of stress recently experienced were tested as possible correlates as well as predictors of life satisfaction. These variables were measured by the Life Satisfaction Index-A (LSIA; Neugarten, Havighurst, & Tobin, 1961), the Intrinsic Religious Motivation Scale (IRMS; Hoge, 1972), the Multidimensional Scale of Perceived Social Support (MDSPSS; Zimet, Dahlem, Zimet & Farley, 1988), the Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1982), the Scale of Recent Events (Holmes & Rahe, 1967), and two subscales of the Ways of Coping Scale (Lazarus & Folkman, 1984). Religion was not found to be a significant variable in the prediction equation for life satisfaction but a significant correlation between the two was shown. Significant predictors of life satisfaction were health, positive reappraisal as a coping mechanism, and overall perceived social support, with health generally weighted most heavily and entering the equation first. Significant differences between elderly groups residing in the three housing conditions and implications of these findings are discussed.

### Acknowledgements

Many thanks go to Dr. John L. McIntosh, my advisor for this project, for his belief in the merit of this study, and for his guidance, encouragement, support and friendship.

Thanks also to my project committee: Dr. Ellen Maher, for her interest, support and encouragement; Dr. William Frascella, for his encouragement; and Chancellor Daniel Cohen, for being an enthusiastic member of my committee.

This research was supported by a grant (a Student Research Award in Aging) from the Center for Gerontological Education, Research and Services (GERAS) at the University of Notre Dame. I would like to acknowledge my appreciation to GERAS for funding this study.

Thank you also to Dr. John Adamopoulos for his suggestions and assistance in the interpretation of some of the statistics, and Sandi Superczynski for much of the typing in the initial phases of this project.

Last, and most important, I would like to thank my parents, Dean and Judy Kelly, for their love, support, encouragement and friendship (and a special thanks to Mom for acting as my research assistant).



# Table of Contents

|  |     |
|--|-----|
| Acceptance Page                                      | ii  |
| Abstract   | iii |
| Acknowledgements                                     | iv  |
| Introduction   | 1   |
| Method   | 6   |
| Results  | 11  |
| Discussion   | 14  |
| References   | 18  |
| Tables   | 22  |
| Appendix A - Instruments                             | 29  |
| Appendix B - Participant Informed Consent Form       | 43  |
| Appendix C - Participant Debriefing Form/Information | 45  |
| Glossary   | 47  |
| Vita   | 50  |

## Religion in the Lives of the Elderly

The literature on religion and aging is growing but much research remains to be done. Young and Dowling (1987) observe that although studies linking some aspect of religious behavior with the elderly have been conducted for the past 35 years, the research has been sporadic. Koenig, Kvale and Ferrel (1988) also emphasize the sporadic nature of research in the area while Morse and Wisocki (1987) conclude that studies of the religious practices and beliefs in the lives of old people are few and inconclusive. In agreement with this view are Ainlay and Smith (1984) who discuss the importance of the relationship between religion and aging and the fact that there have been strikingly few studies which have addressed that relationship. Doka (1985-86) also emphasizes the fact that the role of religiosity among older adults is underresearched. Another potential problem noted by Koenig, Kvale and Ferrel (1988) is that in many studies about religion and aging, questions concerning religion appear to be almost an afterthought. They suggest that most studies emphasize variables other than religion and that the results of those that have emphasized religion are contradictory.

Religiosity is a multidimensional concept measured in many different ways. Glock and Stark (1970, pp. 18-38) define five general dimensions or areas of religion. They state that the unique qualities of religiosity for each religion of the world can be found in one or another of the dimensions they describe, these include: experiential, religious feeling; ideological, religious belief; ritualistic, religious practice; intellectual, religious knowledge; and consequential, religious effects. It would follow then that each investigation concerning religion, and using religiosity as a variable, would define the measures of religiosity contingent upon what was being studied. There are, indeed, differences and similarities in measures of religiosity which are used.

Variables related to religiosity (measured by church attendance, membership in religious communities, religious practices, level of religious beliefs as a comfort and in giving meaning to life, and self-rated religiosity) that appear most often in the literature are



church attendance and life satisfaction. Church attendance has been used as an important variable in the determination of the degree of religiosity in the elderly (Guy, 1982; Markides, 1983; Markides, Levin & Ray, 1987; Morse & Wisocki, 1987; Young & Dowling, 1987). These studies found that organized religious participation drops with increasing age partially due to declining health and mobility or from change in place of residence.

Life satisfaction has been found to be related to many aspects of the lives of older adults, for example, in feelings of quality of life, identity, and in their social network (see e.g., Caspi & Elder, 1986; Oglivie, 1987; Osberg, McGinnis, DeJong & Seward, 1987; Usui & Keil, 1987). Life satisfaction has also proven to be an important variable when linked with religion. Koenig, Kvale and Ferrel (1988) found a strong positive relationship between religion and morale in the elderly. Koenig, George and Siegler (1988) observed that some old people frequently use religion as a way of coping from day to day. Happiness and feelings of well-being have been shown to be higher among those older adults who are active in religious activities within the church and as part of smaller groups (see e.g., Byrne, 1985; Guy, 1982; Hunsberger, 1987; Koenig, George & Siegler, 1988). Hoge (1972) and Haitisma (1986) discuss the direct positive relationship of life satisfaction and religiosity in the old using the strength of internal motivation and religious orientation, the personal importance of religion, and the degree of spiritual well-being.

Life satisfaction in the elderly also appears to be influenced by their state of health. Personal health has most often been assessed by a self-rating. Kaplan, Barell and Lusky (1988) found that self-rating of health is an important and valid method of evaluating health status. Jylha, Leskinen, Alanen, Leskinen and Heikkinen (1986) observed that the level of physical fitness directly influences feelings of health (i.e., self-ratings). That is, as older adults are confronted with chronic illnesses their feelings of health decline. As health relates to religiosity in particular, one study found that those old people who had high religiosity scores (high scores indicated greater amounts of religious feeling and belief) reported fewer



chronic illnesses than low scorers (Morse & Wisocki, 1987). Simons and West (1984-85), on the other hand, conclude that social resources, religiosity and the presence of a confidant do not serve as effective coping methods for the elderly in dealing with harmful life change and illness. These researchers indicate a need for further study about the relationship of health to life satisfaction and religiosity.

Variables in addition to life satisfaction which may have an important impact upon old people's view of the role of religion in their lives include their ways of coping with stressful events and the amount of life stress and social support they experience. The stress of day-to-day living and that brought on by illness and loss, and the ways in which many elderly people cope with these stresses have been studied extensively (see e.g., McCrae, 1982; Preston & Mansfield, 1984; Simons & West, 1984-85). Life satisfaction has been shown to be higher in those older adults who have efficient coping mechanisms for the stresses with which they are confronted (see e.g., Osberg et al., 1987; Stock & Okun, 1982). One way, among many, of coping with stress is through religion, and indeed Koenig, George, and Siegler (1988) found that religious attitudes and activities were the predominant coping behaviors reported by the elderly in their study.

The availability and quality of social support have been shown to have a direct positive relationship upon life satisfaction (see e.g., Arling, 1987; Harel, 1981; Krause, 1987a; Levitt, Antonucci, Clark, Rotton, & Finley, 1985-86). In another study Krause (1987b) suggests that by bolstering feelings of self-esteem, social support tends to reduce the harmful effects of undesirable life stress. Furthermore, self-esteem of old people is reinforced through reassurance of worth and the provision of caring, love and trust by their significant others. One study which measured the relationship of social support and religion found no correlation between the level of social support and religiosity, but it was found that those scoring higher on religiosity judged the quality of their social relationships significantly higher than those who had low religiosity scores (Morse & Wisocki, 1987).

Recently there have been several studies which considered the present role of the



church in aging and implications for that role in the future (see e.g., Becker, 1986; Ellor & Coates, 1985-86; Hendrickson, 1985-86). Not only is there a need for further research of religion and aging but more expansive research is warranted. In their study, Young and Dowling (1987) extended the number of religiosity variables used, in addition to or other than church attendance, to include strength of beliefs and the extent of private devotions. Markides et al. (1987) recommend that future research pay particular attention to alternative forms of religious commitment and expression among the old who are no longer able to participate in formal religious activities outside the home. Glock and Stark (1970, pp. 37-38) also suggest that future research more adequately study overall religious commitment as indicated by their five general dimensions of religiosity mentioned earlier.

Samples of old people in the research literature are often described as community samples (see e.g., Hunsberger, 1985; Koenig et al., 1988; Krause, 1987b; Ogilvie, 1987). Many investigations specifically describe their respondents as noninstitutionalized (see e.g. Arling, 1987; Krause, 1987a; Spreitzer & Snyder, 1974; Usui & Keil, 1987) with no specified housing circumstances. It appears that few, or no studies have compared elderly individuals from the three main living situations in which they reside, that is, in nursing homes, in retirement communities, or independently in their own homes.

The purpose of this research project was to better understand the role of religion in the lives of the elderly. A major component of the investigation was to study differences in religiosity among older adults in various living circumstances (i.e., living in nursing homes vs. retirement communities vs. independently in their own homes). The nursing home population was an important group to be included in this study. As highlighted above by Markides et al. (1987), institutionalized elderly are no longer in an independent living situation and are usually unable to attend their former church or to participate in activities outside the facility. Residence in a nursing home most often places the individual in a situation where religious expression is altered from past patterns.

Religious opportunities in institutional settings are most often ecumenical. Tobin,



Ellor, and Anderson-Ray (1986, p. 112), found that many nursing homes provide ecumenical worship services or a single Protestant service to meet the needs of their residents. These services were not always supplemented by services for other demoninations or religions, and consequently the needs of all the residents are rarely met. A similar ecumenical flavor was confirmed locally by talking with either the administrators or activity directors of several nursing homes in Elkhart and South Bend. More specifically, the nursing homes indicated that they offered only worship services of particular denominations. Many residents either participate regardless of whether or not their denomination is represented, or have no involvement with the religious services available to them.

One of the goals of this research was to learn whether those living in institutional settings would express their religious needs or the role of religion in their lives differently from the elderly population living in their own homes. Another goal was to determine the role of religiosity in the lives of the old by specifically determining how influential religiosity is in their life satisfaction (i.e., in the prediction equation of life satisfaction from the other measured variables).

### Hypotheses

The major hypotheses tested were:

1. That those old people living in institutional settings, especially nursing homes, would have lower feelings of life satisfaction, social support, and religiosity (which for this investigation was defined as spiritual well-being as measured by the Spiritual Well-Being Scale, frequency of church or worship service attendance, and a self-rated measure of the strength of religious belief) compared to the elderly living in their own homes (hereafter referred to as independent living) or those who are able to be independent within retirement communities (hereafter referred to as retirement living).
2. That life satisfaction would have a direct positive relationship with religiosity in older adults. Religiosity would be a significant contributor (along with social support, coping



methods, and stress) in the prediction of life satisfaction.

3. That the degree of involvement in religious services, programs or private personal religious activities directly affects feelings of religiosity in the old.

#### Method

##### Respondents

The participants in this project were 136 elderly individuals (age 60 and over) with a total mean age of 77.3 years. There were 41 older adults from nursing homes, 50 from retirement living, and 45 from independent living (i.e., individual homes or apartments) environments in Elkhart, Goshen, Mishawaka and South Bend, Indiana. An overall effect for the age of the participants,  $F(2,133)=25.93$ ,  $p<.001$ , showed that the nursing home group ( $M=82.41$ ; range=65 to 101 years) was significantly older than the retirement living group ( $M=78.80$ ; range=61 to 97 years),  $t(89)=2.00$ ,  $p<.05$ , and those living independently ( $M=70.98$ ; range=63 to 90 years),  $t(84)=7.10$ ,  $p<.001$ . In addition, the retirement living group was significantly older than the independently living group,  $t(93)=5.73$ ,  $p<.001$  (see Table 1).

Verbal and written permission to contact their residents were received from the following nursing homes: Americana Healthcare Center, Fountainview Place - Elkhart (intermediate and skilled care), Hubbard Hill Estates (nursing facility), and Meridian Nursing Center - East Lake of Elkhart; Crystal Valley Care Center, and Fountainview Place - Goshen of Goshen; Countryside Place of Mishawaka; and Medco Center of South Bend and St. Joseph's Care Center - Morningside and St. Paul's Retirement Community (health care), of South Bend. Verbal and written permission were also received from the following retirement communities: Fountainview Place - Elkhart (residential); Greencroft Tower Apartments; Hubbard Hill Estates (residential facility), and Stratford Commons of Elkhart; Greencroft, Inc. of Goshen; Marion Hill, Meridian Nursing Center - Milton Home, St. Joseph's Tower and St. Paul's Retirement Community (independent and assisted living), of South Bend. Independently living elderly were contacted in cooperation with the Elkhart



County Council on Aging, the Elkhart YWCA of Elkhart County, and the Salvation Army in Elkhart; and Battell Center in Mishawaka.

The respondents were volunteers and for their participation most were asked if they would like to be included in a group photograph of their "Research Participants Group." In many cases the respondents did not want their pictures taken or the researcher felt a photograph was inappropriate. For those who were not photographed a thank you note was sent to acknowledge their participation.

The respondents included 29 males ( $M$  age=76.59) and 107 females ( $M$  age=77.50); (see Table 1). There was no significant sex difference for the age of the participants. There were also no significant differences in self-rating of health by sex or housing. There were 9 males and 32 females from nursing homes, 9 males and 41 females from retirement communities, and 11 males and 34 females living independently.

The religious affiliation of the participants living in nursing homes was: 33 Protestant, 7 Catholic and 1 Jewish; for those living in retirement communities: 42 were Protestant, 7 Catholic, and 1 Jewish; and for those living independently: 34 were Protestant, 10 Catholic, and 1 Jewish.

#### Instruments (see Appendix A)

Religiosity in the elderly was measured using several instruments, including the Intrinsic Religious Motivation Scale (IRMS; Hoge, 1972) and the Spiritual Well-Being Scale (SWBS; Paloutzian & Ellison, 1982). The Intrinsic Religious Motivation Scale (a measure of internal, personal religious orientation, motivation and importance) is a 10-item instrument which asks the individual to agree or disagree with statements regarding their religious motivation. The responses for each item range, in this study, from "strongly agree" (scored 1) to "strongly disagree" (scored 4), with high scores indicating low internal, personal religious motivation. The possible range of scores on the IRMS is from 10 to 40 with a midpoint of 25. Original scoring for this instrument was "strongly agree" (scored 1), "agree" (scored 2), "disagree" (scored 4) and "strongly disagree" (scored 5),



with the middle score of 3 not used. Scoring in the current study employed a score of 3 for items that were left blank. This scale has proven to be both reliable and valid (see e.g., Hoge, 1972; Payne, 1982).

The spiritual well-being of the respondents was measured by the Spiritual Well-Being Scale (a measure of combined religiosity and general life satisfaction). This scale consists of 20 items and asks the individuals the extent of their agreement or disagreement with descriptions of personal experience. There are 6 possible responses to each item (from "strongly agree," scored 1, to "strongly disagree," scored 6) with high scores indicating less positive feelings of overall spiritual well-being. Total scores on the SWBS may range from 20 to 120 with a midpoint of 70. In addition to the total score on the SWBS there are two subscales which measure Existential Well-Being (general life satisfaction) and Religious Well-Being (a measure of overall religiosity). Each subscale consists of 10 items and scores may range from 10 to 60 with a midpoint of 35. The SWBS has been shown to be both reliable and valid (Paloutzian & Ellison, 1982).

A single item religiosity measure asked how often in the past year the respondents attended religious services (Orbach, 1961 as cited by Payne, 1982, p. 367). There were 5 possible responses (from "once a week or more," scored 1, to "never," scored 5), with high scores indicating low church attendance and, therefore, low religiosity.

Several other questions about the role religion plays in the lives of the elderly were composed for this investigation. All respondents were asked identical questions about their religious family background, how often they participate in various personal and public religious activities, and if they belong to, or give money to a church or synagogue. All participants were also asked their level of attendance at formal worship services past and present, and what type of religious services are presently available to them. This last group of questions was an attempt to obtain parallel information from the respondents in each of the three living situations. Due to the differences in housing, slight wording differences in the last group of questions for each group of respondents were necessary (see Appendix



A). Reliability and validity information on this scale can be found in Holmes and Rahe (1967).

Life satisfaction was determined by responses on the Life Satisfaction Index-A (LSIA; Neugarten, Havighurst, & Tobin, 1961). This 20-item scale asks the individual to agree or disagree with statements about life in general. Responses indicating satisfaction with life were scored as one and those associated with no satisfaction as zero. Therefore, high scores indicated a high level of life satisfaction. Scores on the LSIA may range from 0 to 20 and have a midpoint of 10. This reliable and valid scale has been utilized extensively (see e.g., Neugarten, Havighurst & Tobin, 1961; Osgood, 1985).

The methods used by the respondents to cope with events in their lives were measured by the Seeking Social Support and Positive Reappraisal subscales (WOCSSS & WOCPR, respectively; Folkman & Lazarus, 1986; Folkman, personal communication, 1986) of the Ways of Coping Scale (Lazarus & Folkman, 1984). The Seeking Social Support subscale and the Positive Reappraisal subscale measure the amount of social support sought (consisting of 6 items) and the amount of subjective positive reappraisal used (consisting of 7 items), respectively. These two subscales ask the individual to what extent each item was used to cope with a particular situation. There are 4 possible responses to each item (from "not used," scored 0, to "used a great deal," scored 3) with high scores indicating a greater use of coping strategies. The scores may range from 13 to 52 with a midpoint of 32.5. Reliability and validity information may be found in Tennen and Herzberger (1985).

Life stress was measured by the Social Readjustment Rating Scale (Holmes & Rahe, 1967); (also described as the Scale of Recent Events in Osgood, 1985). This instrument asks the respondents to indicate which of 43 listed events have occurred within the past two years, or longer, if the person still thinks about the event a great deal. Each item is weighted by an empirically determined number of life change units between 11 and 100 (Holmes & Rahe, 1967) regarding the produced amount of stress. The score for each individual is derived by adding the life change units for all items experienced by the



respondent. Reliability and validity information on this scale can be found in Holmes and Rahe (1967).

The Revised Hassles and Uplifts Scale (DeLongis, Folkman & Lazarus, 1988) was originally used as another measure of life stress. This 53-item scale asks the individual to indicate how much of a hassle and/or uplift each item was for them throughout the day. There are 4 possible responses to each item for both the hassles and uplifts. The scores range from "none or not applicable" (scored 0) to "a great deal" (scored 3). Information on the reliability and validity of this scale can be found in articles by DeLongis, Coyne, Dakof, Folkman and Lazarus (1982) and Kanner, Coyne, Schaefer and Lazarus (1981). Administration of this scale was discontinued after the first 20 individuals consistently misunderstood how to complete it. The instrument appeared to be too confusing for this elderly population.

Social support was assessed by the Multidimensional Scale of Perceived Social Support (MDSPSS; Zimet, Dahlem, Zimet & Farley, 1988). This 12-item, 7-point Likert-type scale asks to what extent the respondent agrees or disagrees with statements about different types of social support. The responses range from "very strongly disagree" (scored 1) to "very strongly agree" (scored 7), with high scores indicating lower amounts of perceived social support. In addition to the total score on the MDSPSS there are three subscales, each consisting of 4 items, which measure support from significant others, friends, and family. Total scores on the MDSPSS range from 12 to 84 with a midpoint of 48 (subscales: range 4-28, midpoint=16). This scale has proven to be both reliable and valid (Zimet et al., 1985).

A single item subjective rating of health (Levkoff, Cleary & Wetle, 1987, p. 116; see also e.g., Baur & Okun, 1983, p. 262; & Hendershot, 1988, p. 2) was included. There were 4 possible responses (from "excellent," scored 1, to "poor," scored 4), with high scores indicating feelings of poorer health. Other demographic questions were also asked (see Appendix A).



The order of the instruments in the questionnaire was counterbalanced across respondents to control for order effects.

#### Procedure

A consent form (see Appendix B) was attached to each questionnaire. A debriefing form (see Appendix C) was given to the first 20 individuals who completed the questionnaire. This proved to be more confusing than helpful, and subsequently therefore, the information contained in the debriefing was paraphrased and presented verbally.

The questionnaires were completed in several different ways. Respondents living independently were given the material, completed it at home and returned it to the researcher. Approximately 14% of the individuals living in retirement communities and 50% of those residing in nursing homes needed some assistance to complete the questionnaires. Those individuals with physical limitations and/or disabilities that limit vision and/or writing capabilities, or who requested help, were assisted in completing the questionnaires.

#### Results

Housing Conditions. Regarding Hypothesis 1, there were no significant difference between the groups living in the three housing situations with respect to life satisfaction; intrinsic religious motivation; overall social support or that of significant others, family or friends; spiritual well-being or existential well-being; or seeking social support as a way of coping with stress. Differences were obtained for the three groups regarding religious well-being,  $F(2,133)=3.43$ ,  $p<.05$ ; positive reappraisal as a way of coping with stress,  $F(2,113)=3.18$ ,  $p<.05$ ; amount of stress associated with stressful events experienced within the past two years,  $F(2,133)=11.53$ ,  $p<.001$ ; and church (worship service) attendance within the past year,  $F(2,133)=5.06$ ,  $p<.01$  (see Table 1 for all means). Results from the two subscales of the Ways of Coping scale used in this study, Seeking Social Support and Positive Reappraisal, must be viewed with a mild degree of conservatism as



16 respondents left these instruments blank (with 10 of the 16 in the retirement living group of 50, only 1 in the nursing home, and 5 in the independently living groups). These 16 individuals indicated they had experienced no stressful events within the one month time period specified.

There were no differences between retirement living elderly and those living independently regarding religious well-being, positive reappraisal, or the amount of stress experienced within the past two years. However, the nursing home population ( $M=301.29$ ,  $SD=115.73$ ) experienced significantly more stress associated with stressful events than did either those living in retirement communities ( $M=216.80$ ,  $SD=103.19$ ),  $t(89)=3.68$ ,  $p<.001$ , or living independently ( $M=196.89$ ,  $SD=101.53$ ),  $t(84)=4.46$ ,  $p<.001$ . Similarly, the nursing home population ( $M=5.87$ ,  $SD=5.52$ ) was less likely to use positive reappraisal than either older adults living in retirement communities ( $M=8.74$ ,  $SD=5.70$ ),  $t(76)=2.25$ ,  $p<.05$ , or those living independently ( $M=8.39$ ,  $SD=5.26$ ),  $t(84)=2.06$ ,  $p<.05$ . Finally, the nursing home population ( $M=16.95$ ,  $SD=7.98$ ) had significantly lower scores for religious well-being than did only those living independently ( $M=21.79$ ,  $SD=8.83$ ),  $t(84)=2.66$ ,  $p<.01$ . The retirement living elderly were not significantly different from either of the other two groups on religious well-being ( $M=18.87$ ,  $SD=9.01$ ). However, the nursing home population ( $M=2.24$ ,  $SD=1.61$ ) indicated a higher level of church (worship service) attendance within the past year than did either those elderly living in retirement communities ( $M=1.50$ ,  $SD=1.07$ ),  $t(89)=2.63$ ,  $p<.01$ , or living independently ( $M=1.51$ ,  $SD=1.01$ ),  $t(84)=2.55$ ,  $p<.05$ .

Religiosity was found to be significantly related to life satisfaction (LSIA). There was a positive correlation between life satisfaction (LSIA) and the following religiosity variables: intrinsic religious motivation,  $r(135)=-.27$ ; overall spiritual well-being,  $r(134)=-.48$ ; religious well-being,  $r(135)=-.21$ ; and church (worship service) attendance within the past year,  $r(135)=-.17$ . Other variables which also were found to be significantly correlated to life satisfaction (LSIA) were; existential well-being,  $r(134)=-.63$ ; overall social support



(MDSPSS),  $r(127)=-.36$ ; support of significant others,  $r(132)=-.30$ ; support of family,  $r(129)=-.34$ ; support of friends,  $r(133)=-.23$ ; and health,  $r(135)=-.44$ . Although all of these correlations show negative scores, the low scores on the instruments used represent high levels of the variable, as they were scored in the opposite direction. Therefore, because the LSIA is scored with high scores indicating high levels of life satisfaction, negative correlations that appear are, in reality, positive relationships. Positive reappraisal (a variable scored such that high values represent high levels of positive reappraisal),  $r(115)=.27$ , was also found to be significantly correlated with life satisfaction (LSIA) (see Table 2).

In the overall prediction of life satisfaction, from Hypothesis 2, health was the variable which consistently entered the step-wise multiple regression equation first in all cases except for the nursing home elderly (i.e., it was the variable that contributed most to prediction. The other two variables that were included in the prediction equation of life satisfaction were positive reappraisal as a coping mechanism and perceived support from family. For the nursing home population, overall perceived social support and health were the significant predictors of life satisfaction with social support entering the equation first. For old people living in retirement communities the predictors were health and positive reappraisal as a coping strategy; and for those living independently, health was the only significant predictor. The amount of stress experienced was not shown to be a significant contributor to the prediction of life satisfaction (see Table 3).

Sex Differences. The only significant sex differences found involved measures of social support. Females ( $M=28.50$ ,  $SD=13.80$ ) indicated higher levels of overall perceived social support than did males ( $M=36.15$ ,  $SD=21.32$ ),  $F(1,126)=5.09$ ,  $p<.05$ . Women ( $M=9.00$ ,  $SD=5.69$ ) also showed a higher degree of perceived support from significant others than did men ( $M=11.96$ ,  $SD=9.31$ ),  $F(1,131)=4.53$ ,  $p<.05$ , and more perceived support from friends (women:  $M=9.27$ ,  $SD=5.17$ ; men:  $M=11.82$ ,  $SD=6.62$ ),  $F(1,132)=4.76$ ,  $p<.05$  (see Table 1 for male and female means).



### Discussion

The results of this study were mixed with respect to the importance of religion for older adults. Most studies published in the literature, and this investigation as well, obtained significant relationships (i.e., first-order correlations) between religion and life satisfaction. However, when more sophisticated analyses (multiple regressions) were conducted to explain life satisfaction, religion was not a significant predictor variable in the prediction equation. That is, other variables or the combination of other variables, were better predictors of life satisfaction, and the variance accounted for by religious measures was not sufficiently large to be a significant additional contributor in the prediction. This may be because several other variables were also being tested such as coping strategies and social support specifically. The use of these measures could be why religion, as a predictor of life satisfaction, appeared less important. As shown in the literature religion is often indicated as a coping strategy and as an avenue for social support.

A major variable included in this study was housing. As noted, results for the sample as a whole indicated a significant relationship between life satisfaction and religion, but in none of the housing conditions did religion variables predict life satisfaction. Surprisingly, therefore, older adults living in nursing homes did not indicate lower feelings of life satisfaction or social support than either those living in retirement communities or independently. As expected, though, elderly nursing home residents did indicate higher levels of stress (more losses and change), less use of positive reappraisal as a coping strategy, and lower religious well-being than either retirement or independently living elderly. These results have implications for nursing home staff and clergy. The findings imply that institutions and agencies should provide different types of religious and other activities, to help strengthen coping ability resources and religious well-being. This would help counter the residents' losses and the stress associated with them.

Health was shown to be very important as a predictor of life satisfaction (as measured by the LSIA) for all three groups, as indicated in the literature. This finding



strongly implicates the need for encouragement of physician visits, exercise (to keep the body as active and healthy as possible), and proper maintenance of medication. No support was found to indicate a significant relationship between health and religiosity, contrary to findings by Morse and Wisocki (1987).

Although some investigations (Koenig, George & Siegler, 1988; Caspi & Elder, 1986) show higher life satisfaction in those old people who have efficient coping strategies for the stresses with which they are confronted, as well as among those with strong social support networks, this study provides somewhat contrary evidence. Positive reappraisal as a coping mechanism entered into the overall prediction of life satisfaction for all three groups combined, but only for older adults living in retirement communities specifically. Perceived support from family entered into the overall prediction of life satisfaction, but not specifically for any of the three groups. Social support, in general, enters into the prediction of life satisfaction only for those elderly living in nursing homes. There was no significant relationship between social support and religion. There was a significant sex difference for overall perceived social support, and that obtained from significant others and friends. Women expressed more support from these sources than did men.

The LSIA was the primary instrument used in this study to measure life satisfaction. Interesting comparisons were made between the LSIA and the Existential Well Being subscale of the SWBS (SWBSEWB) (which also is intended to measure general life satisfaction). As a variable in the prediction of life satisfaction, as measured by the LSIA, SWBSEWB understandably was the strongest predictor overall and for all housing groups, and the two life satisfaction indices were highly correlated ( $r=.63$ ) (see Table 2). When SWBSEWB was removed from the variables to be entered into the prediction equation for the LSIA, and used instead as a second, alternative predicted measure of life satisfaction, there were differences in predictors of LSIA and SWBSEWB (see Table 4). This suggests the measure of life satisfaction utilized in an investigation may be important and needs to be studied further.



Among the potential problems in this study is an issue regarding individual vs. group administration. Ideally all of the questionnaires would have been completed individually. There were two occasions that nursing home residents were assisted with the questionnaire as a group (one group included 5 people, the other had 3). There were two similar occasions with retirement living individuals (one group included 4 people, the other had 3). Although these participants heard the responses of the others in their group, they were asked to give their first thought as their response and not to help one another. This setting may have influenced or confounded their answers. These individuals also had more direct contact with the researcher than any of the other respondents, which may also have made a difference. Such differences in the treatment of old people that are necessitated by their health, residence, sensory changes, etc. should also be carefully studied and considered in the design of research investigations.

Future research should be conducted to focus on the ecumenical nature of the services provided in many institutions. Some of the issues to be addressed are: whether the ecumenical nature of the available services makes a difference to the elderly, and if older adults in these settings become ecumenical. Additionally, as suggested by Markides et al. (1987), more attention must be paid to alternative forms of religious commitment and expression. Although this investigation attempted to address this issue by using questions which were devised for this project, it was discovered that a study focusing specifically on ecumenical services would better address this issue. Finally, studies of nursing homes and retirement communities with particular religious affiliations or sponsorships may be a factor in the importance of religion for the old people residing there. Among other questions to investigate might be whether religious needs are being met in institutional and housing settings.

An important implication of this study is the crucial need for future investigations to be conducted with older adults from more than one living situation. Although the groups were largely and unexpectedly similar in most regards, there were dissimilarities between the



three groups and only through further comparisons can a clear picture of other potential differences be obtained. D. R. (1984). Aging and religious participation. *Journal of Institutionalized elderly*, especially those in nursing homes, are generally neglected as a source of information. The need to include them increases as the elderly nursing home population grows, and as nursing homes attempt to improve their level of care and their image from that of being warehouses where old people go to die, to being places where the elderly can live at their highest potential while receiving high levels of medical and physical care. More consideration must be given to the needs of the older adults living in nursing homes if improvements in their overall care are to be made and if the nursing homes themselves are to be successful in their improvements. *Medical Nursing*, 11(4), 30-33.

Religion, and religiosity, may be significant factors in old age. However, it must be concluded again that additional research remains to be conducted to more precisely determine the nature and role of religion in the lives of the elderly. R. S. (1982).

- Relationship of daily hassles, uplifts, and major life events to health status. *Health Psychology*, 2, 119-136.
- DeLongis, A., Folkman, S., & Lazarus, R. S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. *Journal of Personality and Social Psychology*, 54, 486-495.
- Doka, K. J. (1985-86). The church and the elderly: The impact of changing age strata on congregations. *International Journal of Aging and Human Development*, 22, 291-300.
- Ellor, J. W., & Cones, R. B. (1985-86). Examining the role of the church in the aging network. *Journal of Religion and Aging*, 2(1-2), 99-116.
- Folkman, S., & Lazarus, R. S. (1986). Stress processes and depressive symptomatology. *Journal of Abnormal Psychology*, 95, 107-113.
- Glock, C. Y., & Stark, R. (1970). *Religion and society in tension*. Chicago: Rand McNally.
- Guy, R. F. (1982). Religion, physical disabilities, and life satisfaction in older age groups. *International Journal of Aging and Human Development*, 15, 225-232.



References

- Ainlay, S. C., & Smith D. R. (1984). Aging and religious participation. Journal of Gerontology, 39, 357-363.
- Arling, G. (1987). Strain, social support, and distress in old age. Journal of Gerontology, 42, 107-113.
- Baur, P. A., & Okun, M. A. (1983). Stability of life satisfaction in late life. Gerontologist, 23, 261-265.
- Becker, A. H. (1986). Pastoral theological implications of the aging process. Journal of Religion and Aging, 2(3), 13-30.
- Byrne, M. (1985). A zest for life! Journal of Gerontological Nursing, 11(4), 30-33.
- Caspi, A., & Elder, G. H. (1986). Life satisfaction in old age: Linking social psychology and history. Psychology and Aging, 1, 18-26.
- DeLongis, A., Coyne, J. C., Dakof, G., Folkman, S., & Lazarus, R. S. (1982). Relationship of daily hassles, uplifts, and major life events to health status. Health Psychology, 2, 119-136.
- DeLongis, A., Folkman, S., & Lazarus, R. S. (1988). The impact of daily stress on health and mood: Psychological and social resources as mediators. Journal of Personality and Social Psychology, 54, 486-495.
- Doka, K. J. (1985-86). The church and the elderly: The impact of changing age strata on congregations. International Journal of Aging and Human Development, 22, 291-300.
- Ellor, J. W., & Coates, R. B. (1985-86). Examining the role of the church in the aging network. Journal of Religion and Aging, 2(1-2), 99-116.
- Folkman, S., & Lazarus, R. S. (1986). Stress processes and depressive symptomology. Journal of Abnormal Psychology, 95, 107-113.
- Glock, C. Y., & Stark, R. (1970). Religion and society in tension. Chicago: Rand McNally
- Guy, R. F. (1982). Religion, physical disabilities, and life satisfaction in older age cohorts. International Journal of Aging and Human Development, 15, 225-232.



- Haitsma, K. V. (1986). Intrinsic religious orientation: Implications in the study of religiosity and personal adjustment in the aged. Journal of Social Psychology, 126, 685-687.
- Harel, Z. (1981). Quality of care, congruence and well-being among institutionalized aged. Gerontologist, 21, 523-531.
- Hendershot, G. E. (1988). Health of the foreign-born population: United States, 1985-86. NCHS Advance Data, No. 157.
- Hendrickson, M. C. (1985-86). The role of the church in aging: Implications for policy and action. Journal of Religion and Aging, 2(1-2), 5-16.
- Hoge, D. R. (1972). A validated intrinsic religious motivation scale. Journal for the Scientific Study of Religion, 11, 369-376.
- Holmes, T. H., & Rahe, R. H. (1967). The social readjustment rating scale. Journal of Psychosomatic Research, 11, 213-218.
- Hunsberger, B. (1987). Religion, age, life satisfaction, and perceived sources of religiousness: A study of older persons. Journal of Gerontology, 40, 415-620.
- Jylha, M., Leskinen, E., Alanen, E., Leskinen, A., & Heikkinen, E. (1986). Self-rated health and associated factors among men of different ages. Journal of Gerontology, 41, 710-717.
- Kanner, A. D., Coyne, J. C., Schaefer, C., & Lazarus, R. S. (1981). Comparison of two modes of stress measurement: Daily hassles and uplifts versus major life events. Journal of Behavioral Medicine, 4, 1-39.
- Kaplan, G., Barell, V., & Lusky, A. (1988). Subjective state of health and survival in elderly adults. Journal of Gerontology, 43, 114-120.
- Koenig, H. G., George, L. K., & Siegler, I. C. (1988). The use of religion and other emotion-regulating coping strategies among older adults. Gerontologist, 28, 303-310.
- Koenig, H. G., Kvale, J. N., & Ferrel, C. (1988). Religion and well-being in later life. Gerontologist, 28, 18-28.



- Krause, N. (1987a). Satisfaction with social support and self-rated health in older adults. Gerontologist, 27, 301-308.
- Krause, N. (1987b). Life stress, social support, and self-esteem in an elderly population. Psychology and Aging, 2, 349-356.
- Lazarus, R. S., & Folkman, S. (1984). Stress, appraisal and coping. New York: Springer Publishing Co.
- Levitt, M. J., Antonucci, T. C., Clark, M. C., Rotton, J., & Finley, G. E. (1985-86). Social support and well-being: Preliminary indicators based on two samples of the elderly. International Journal of Aging and Human Development, 21, 61-77.
- Levkoff, S. E., Cleary, P. D., & Wetle, T. (1987). Differences in the appraisal of health between aged and middle-aged adults. Journal of Gerontology, 42, 114-120.
- McCrae, R. R. (1982). Age differences in the use of coping mechanisms. Journal of Gerontology, 37, 454-460.
- Markides, K. S. (1983). Aging, religiosity, and adjustment:: A longitudinal analysis. Journal of Gerontology, 38, 621-625.
- Markides, K. S., Levin, J. S., & Ray, L. A. (1987). Religion, aging, and life satisfaction: An eight-year, three-wave longitudinal study. Gerontologist, 27, 660-665.
- Morse, C. K., & Wisocki, P. A. (1987). Importance of religiosity to elderly adjustment. Journal of Religion and Aging, 4(1), 15-26.
- Neugarten, B. L., Havighurst, R. J., & Tobin, S. S. (1961). The measurement of life satisfaction. Journal of Gerontology, 16, 134-143.
- Ogilvie, D. M. (1987). Life satisfaction and identity structure in later middle-aged men and women. Psychology and Aging, 2, 217-224.
- Osberg, J. S., McGinnis, G. E., DeJong, G., & Seward, M. L. (1987). Life satisfaction and quality of life among disabled elderly adults. Journal of Gerontology, 42, 228-230.
- Osgood, N. J. (1985). Suicide in the elderly. Rockville, Maryland: Aspen Systems Corp.
- Paloutzian, R. F., & Ellison, C. W. (1982). Loneliness, spiritual well-being and the quality



- of life. In L. A. Peplau & D. Perlman (Eds.) Loneliness, a sourcebook of current theory, research and therapy (pp. 224-237). New York: John Wiley & Sons, Inc.
- Payne, B. P. (1982). Religiosity. In D. J. Mangen & W. A. Peterson (Eds.) Social roles and social participation, Volume 2 (pp. 343-387). Minneapolis: University of Minnesota Press.
- Preston, D. B., & Mansfield, P. K. (1984). An exploration of stressful life events, illness, and coping among the rural elderly. Gerontologist, 24, 490-494.
- Simons, R. L., & West, G. E. (1984-85). Life changes, coping resources, and health among the elderly. International Journal of Aging and Human Development, 20, 173-189.
- Stock, W. A., & Okun, M. A. (1982). The construct validity of life satisfaction among the elderly. Journal of Gerontology, 37, 625-627.
- Tennen, H., & Herzberger, S. (1985). Ways of Coping Scale. In D. J. Keyser & R. C. Sweetland (Eds.) Test critiques, Volume 3 (pp. 686-697). Kansas City, MO: Test Corporation of America.
- Tobin, S. S., Ellor, J. W., & Anderson-Ray, S. M. (1986). Enabling the elderly. Albany: State University of New York Press.
- Usui, W. M., & Keil, T. J. (1987). Life satisfaction and age concentration of the local area. Psychology and Aging, 2, 30-35.
- Young, G., & Dowling, W. (1987). Dimensions of religiosity in old age: Accounting for variation in types of participation. Journal of Gerontology, 42, 376-380.
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. Journal of Personality Assessment, 52, 30-41.

(table continues)



Table 1  
Means and Standard Deviations

| <u>Group</u>  | <u>LSIA</u>                         | <u>IRMS</u>                        | <u>MDSPSS</u>                       | <u>MDSPSSSO</u>                    | <u>MPSSFA</u>                      |
|---------------|-------------------------------------|------------------------------------|-------------------------------------|------------------------------------|------------------------------------|
| TOTAL         | <u>M</u> =12.25<br><u>SD</u> = 3.94 | <u>M</u> =21.04<br><u>SD</u> =6.96 | <u>M</u> =30.11<br><u>SD</u> =16.00 | <u>M</u> =9.65<br><u>SD</u> =6.70  | <u>M</u> =10.34<br><u>SD</u> =6.99 |
| Nsg. Home     | <u>M</u> =11.44<br><u>SD</u> =3.51  | <u>M</u> =22.10<br><u>SD</u> =6.05 | <u>M</u> =31.25<br><u>SD</u> =16.54 | <u>M</u> =11.10<br><u>SD</u> =7.28 | <u>M</u> =10.30<br><u>SD</u> =7.20 |
| Ret. Living   | <u>M</u> =12.08<br><u>SD</u> =4.22  | <u>M</u> =19.98<br><u>SD</u> =6.79 | <u>M</u> =30.17<br><u>SD</u> =14.72 | <u>M</u> =8.88<br><u>SD</u> =5.92  | <u>M</u> =10.69<br><u>SD</u> =7.43 |
| Indep. Living | <u>M</u> =13.18<br><u>SD</u> =4.00  | <u>M</u> =21.27<br><u>SD</u> =7.87 | <u>M</u> =28.93<br><u>SD</u> =16.86 | <u>M</u> =9.14<br><u>SD</u> =6.97  | <u>M</u> =9.98<br><u>SD</u> =6.24  |
| Male          | <u>M</u> =12.55<br><u>SD</u> =4.40  | <u>M</u> =20.62<br><u>SD</u> =7.49 | <u>M</u> =36.15<br><u>SD</u> =21.32 | <u>M</u> =11.96<br><u>SD</u> =9.31 | <u>M</u> =11.21<br><u>SD</u> =7.60 |
| Female        | <u>M</u> =12.17<br><u>SD</u> =3.87  | <u>M</u> =21.16<br><u>SD</u> =6.85 | <u>M</u> =28.50<br><u>SD</u> =13.80 | <u>M</u> =9.00<br><u>SD</u> =5.69  | <u>M</u> =10.10<br><u>SD</u> =6.78 |

| <u>Group</u>  | <u>MDSPSSFR</u>                    | <u>SWBS</u>                         | <u>SWBSRWB</u>                      | <u>SWBSEWB</u>                     | <u>WOCSSS</u>                     |
|---------------|------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|
| TOTAL         | <u>M</u> =9.81<br><u>SD</u> =5.60  | <u>M</u> =43.29<br><u>SD</u> =15.76 | <u>M</u> =19.26<br><u>SD</u> =8.65  | <u>M</u> =24.12<br><u>SD</u> =9.06 | <u>M</u> =6.29<br><u>SD</u> =4.75 |
| Nsg. Home     | <u>M</u> =9.54<br><u>SD</u> =5.45  | <u>M</u> =43.05<br><u>SD</u> =13.48 | <u>M</u> =16.95<br><u>SD</u> =7.98  | <u>M</u> =26.10<br><u>SD</u> =8.41 | <u>M</u> =6.20<br><u>SD</u> =5.02 |
| Ret. Living   | <u>M</u> =10.34<br><u>SD</u> =5.62 | <u>M</u> =42.24<br><u>SD</u> =17.49 | <u>M</u> =18.87<br><u>SD</u> =9.01  | <u>M</u> =23.64<br><u>SD</u> =9.98 | <u>M</u> =6.62<br><u>SD</u> =4.82 |
| Indep. Living | <u>M</u> =9.44<br><u>SD</u> =5.72  | <u>M</u> =44.64<br><u>SD</u> =15.69 | <u>M</u> =21.79<br><u>SD</u> =8.83  | <u>M</u> =22.86<br><u>SD</u> =8.55 | <u>M</u> =6.08<br><u>SD</u> =4.39 |
| Male          | <u>M</u> =11.82<br><u>SD</u> =6.62 | <u>M</u> =43.79<br><u>SD</u> =16.75 | <u>M</u> =19.45<br><u>SD</u> =10.47 | <u>M</u> =24.34<br><u>SD</u> =8.97 | <u>M</u> =4.75<br><u>SD</u> =3.98 |
| Female        | <u>M</u> =9.27<br><u>SD</u> =5.17  | <u>M</u> =43.15<br><u>SD</u> =15.44 | <u>M</u> =19.20<br><u>SD</u> =8.36  | <u>M</u> =24.07<br><u>SD</u> =9.16 | <u>M</u> =6.68<br><u>SD</u> =4.82 |

(table continues)



Table 1 (continued)  
Means and Standard Deviations

| <u>Group</u>  | <u>WOCPR</u>                      | <u>LCUTOT</u>                         | <u>AGE</u>                         | <u>RUREL</u>                     | <u>RELIG</u>                      |
|---------------|-----------------------------------|---------------------------------------|------------------------------------|----------------------------------|-----------------------------------|
| TOTAL         | <u>M</u> =7.64<br><u>SD</u> =5.49 | <u>M</u> =235.68<br><u>SD</u> =106.59 | <u>M</u> =77.30<br><u>SD</u> =7.58 | <u>M</u> =1.67<br><u>SD</u> =.69 | <u>M</u> =1.73<br><u>SD</u> =1.24 |
| Nsg. Home     | <u>M</u> =5.88<br><u>SD</u> =5.52 | <u>M</u> =301.29<br><u>SD</u> =115.73 | <u>M</u> =82.41<br><u>SD</u> =9.42 | <u>M</u> =1.63<br><u>SD</u> =.73 | <u>M</u> =2.24<br><u>SD</u> =1.61 |
| Ret. Living   | <u>M</u> =8.74<br><u>SD</u> =5.70 | <u>M</u> =216.80<br><u>SD</u> =103.19 | <u>M</u> =78.80<br><u>SD</u> =7.79 | <u>M</u> =1.64<br><u>SD</u> =.66 | <u>M</u> =1.50<br><u>SD</u> =1.07 |
| Indep. Living | <u>M</u> =8.39<br><u>SD</u> =5.26 | <u>M</u> =196.89<br><u>SD</u> =101.53 | <u>M</u> =70.98<br><u>SD</u> =5.06 | <u>M</u> =1.73<br><u>SD</u> =.69 | <u>M</u> =1.51<br><u>SD</u> =1.01 |
| Male          | <u>M</u> =7.88<br><u>SD</u> =6.29 | <u>M</u> =202.45<br><u>SD</u> =125.30 | <u>M</u> =76.59<br><u>SD</u> =9.42 | <u>M</u> =1.69<br><u>SD</u> =.81 | <u>M</u> =2.00<br><u>SD</u> =1.54 |
| Female        | <u>M</u> =7.58<br><u>SD</u> =5.44 | <u>M</u> =244.69<br><u>SD</u> =110.43 | <u>M</u> =77.50<br><u>SD</u> =8.76 | <u>M</u> =1.66<br><u>SD</u> =.66 | <u>M</u> =1.65<br><u>SD</u> =1.2  |
| <u>Group</u>  | <u>HEALTH</u>                     |                                       |                                    |                                  |                                   |
| TOTAL         | <u>M</u> =2.29<br><u>SD</u> =.71  |                                       |                                    |                                  |                                   |
| Nsg. Home     | <u>M</u> =2.45<br><u>SD</u> =.87  |                                       |                                    |                                  |                                   |
| Ret. Living   | <u>M</u> =2.26<br><u>SD</u> =.63  |                                       |                                    |                                  |                                   |
| Indep. Living | <u>M</u> =2.20<br><u>SD</u> =.62  |                                       |                                    |                                  |                                   |
| Male          | <u>M</u> =2.31<br><u>SD</u> =.71  |                                       |                                    |                                  |                                   |
| Female        | <u>M</u> =2.29<br><u>SD</u> =.71  |                                       |                                    |                                  |                                   |

Note: LSIA=Life Satisfaction Index-A; IRMS=Intrinsic Religious Motivation Scale; MDSPSS=Multidimensional Scale of Perceived Social Support; MDSPSSO=MDSPSS Significant Other Subscale; MDSPSSFA=MDSPSS Family Subscale; MDSPSSFR=MDSPSSFR Friends Subscale; SWBS=Spiritual Well-Being Subscale; SWBSRB=SWBS Religious Well-Being Subscale; SWBSEWB=SWBS Existential Well-Being Subscale; WOCSSS=Seeking Social Support Subscale of the Ways of Coping Scale; WOCPR=Positive Reappraisal Subscale of the Ways of Coping Scale; LCUTOT=Life Change Units from the Social Readjustment Rating Scale; Age=Subjects actual age; RUREL=Self-rated Religiosity Measure; RELIG=Church (worship service) attendance; Health=Subjects self-rated health.



Table 2  
Pearson Correlations

|          | LSIA     | IRMS    | MDSPSS  | MDSPSSSO | MDSPSSFA |
|----------|----------|---------|---------|----------|----------|
| LSIA     | ---      | -.27*** | -.36*** | -.30***  | -.34***  |
| IRMS     | .27*     | ---     | .18*    | .21*     | .07      |
| MDSPSS   | -.37***  | .19*    | ---     | .83***   | .82***   |
| MDSPSSO  | -.10     | -.06    | .25**   | ---      | .49***   |
| MDSPSSFA | -.18     | -.01    | .22*    | .14      | ---      |
| MDSPSSFA | .03      | -.02    | .27**   | .07      | .13      |
| LSIA     | MDSPSSFR | SWBS    | SWBSRWB | SWBSEWB  | WOCSSS   |
|          | -.23**   | -.48*** | -.21*   | -.63***  | .07      |
| IRMS     | .18*     | .59***  | .54***  | .49***   | -.15     |
| MDSPSS   | .81***   | .26**   | .16     | .30***   | -.09     |
| MDSPSSSO | .55***   | .21*    | .09     | .28***   | -.10     |
| MDSPSSFA | .51***   | .22*    | .16     | .22*     | .06      |
| MDSPSSFR | ---      | .23**   | .19*    | .21*     | -.23*    |
| SWBS     |          | ---     | .87***  | .88***   | -.12     |
| SWBSRWB  |          |         | ---     | .54***   | -.05     |
| SWBSEWB  |          |         |         | ---      | -.15     |
| WOCSS    |          |         |         |          | ---      |

\*p<.05  
\*\*p<.01  
\*\*\*p<.001

(table continues)



Table 2 (continued)  
Pearson Correlations

|          | WOCPR   | LCUTOT | Health  | RUREL  | RELIG  |
|----------|---------|--------|---------|--------|--------|
| LSIA     | .27*    | .01    | -.44*** | -.16   | -.17*  |
| IRMS     | -.37*** | .19*   | .22*    | .50*** | .34*** |
| MDSPSS   | -.10    | -.06   | .25**   | .11    | .15    |
| MDSPSSSO | -.18    | -.01   | .22*    | .14    | .17    |
| MDSPSSFA | .03     | -.02   | .27**   | .07    | .13    |
| MDSPSSFR | -.13    | -.13   | -.11    | .09    | .08    |
| SWBS     | -.35*** | .03    | .33***  | .32*** | .24**  |
| SWBSRWB  | -.22*   | -.01   | .16     | .34*** | .22**  |
| SWBSEWB  | -.39*** | .06    | .40***  | .20*   | .18*   |
| WOCSSS   | .52***  | .07    | .06     | -.01   | .11    |
| WOCPR    | ---     | .09    | -.03    | -.14   | -.20*  |
| LCUTOT   |         | ---    | .11     | .06    | .26**  |
| Health   |         |        | ---     | .15    | .15    |
| RUREL    |         |        |         | ---    | .34*** |
| RELIG    |         |        |         |        | ---    |

\*p<.05      \*\*p<.01      \*\*\*p<.001

Note: The following variables are scored such that high scores represent low levels of the variable and low scores represent high levels: IRMS, MDSPSS, MDSPSSSO, MDSPSSFA, MDSPSSFR, SWBS, SWBSRWB, SWBSEWB, WOCSSS, WOCPR, RUREL. Therefore, when the correlation is calculated with variables that are scored with high levels of the variable (e.g., LSIA), negative correlations represent in reality positive

Note: IRMS=Intrinsic Religious Motivation Scale; MDSPSS=Multidimensional Scale of Perceived Social Support; MDSPSSSO=MDSPSS Significant Others Subscale; MDSPSSFA=MDSPSS Family Subscale; MDSPSSFR=MDSPSS Friends Subscale; SWBS=Spiritual Well-Being Scale; SWBSRWB=SWBS Religious Well-Being Subscale; SWBSEWB=SWBS Existential Well-Being Subscale; RUREL=Self-rated Religiosity Measure; RELIG=Church (weekly service) attendance.

(table continues)

Table 2 (continued)  
Pearson Correlations

|          | Age   | Variable | Beta | t     | significance < |
|----------|-------|----------|------|-------|----------------|
| LSIA     | -.01  |          |      |       |                |
| IRMS     | .05   |          |      |       |                |
| MDSPSS   | -.01  |          |      |       |                |
| MDSPSSSO | .12   | SWBSEWB  | -.61 | -6.87 | .001           |
| MDSPSSFA | -.10  | Health   | -.18 | -2.28 | .05            |
| MDSPSSFR | -.04  | MDSPSSFA | -.18 | -2.50 | .05            |
| SWBS     | .01   | SWBSRWB  | -.18 | 2.15  | .05            |
| SWBSRWB  | -.10  |          |      |       |                |
| SWBSEWB  | .12   | SWBSEWB  | -.45 | -3.64 | .001           |
| WOCSSS   | .03   | MDSPSS   | -.42 | -3.42 | .01            |
| WOCPR    | -.23* |          |      |       |                |
| LCUTOT   | .20*  |          |      |       |                |
| Health   | .02   |          |      |       |                |
| RUREL    | -.09  |          |      |       |                |
| RELIG    | .14   |          |      |       |                |
| Age      | ---   |          |      |       |                |

\* $p < .05$       \*\* $p < .01$       \*\*\* $p < .001$

Note: The following variables are scored such that high scores represent low levels of the variable and low scores represent high levels: IRMS, MDSPSS, MDSPSSSO, MDSPSSFA, MDSPSSFR, SWBS, SWBSRWB, SWBSEWB, HEALTH, RUREL, RELIG. Therefore, when the correlation is calculated with variables that are scored with high scores interpreted as high levels of the variable (e.g., LSIA), negative correlations represent in reality positive relationships.

Note: IRMS=Intrinsic Religious Motivation Scale; MDSPSS=Multidimensional Scale of Perceived Social Support; MDSPSSSO=MDSPSS Significant Others Subscale; MDSPSSFA=MDSPSS Family Subscale; MDSPSSFR=MDSPSS Friends Subscale; SWBS=Spiritual Well-Being Scale; SWBSRWB=SWBS Religious Well-Being Subscale; SWBSEWB=SWBS Existential Well-Being Subscale, RUREL=Self-rated Religiosity Measure; RELIG=Church (worship service) attendance.



Table 3  
Step-Wise Multiple Regression Analysis for a Measure of Life Satisfaction  
Variables Significantly Entering the Predictor Equation ( $p < .05$ )

| Predicted Variable/<br>Group | Variable | Beta | t     | significance < |
|------------------------------|----------|------|-------|----------------|
| Overall                      | Health   | -.37 | 4.50  | .001           |
| LSIA                         | SWBSEWB  | -.61 | -6.87 | .001           |
|                              | Health   | -.18 | -2.28 | .05            |
|                              | MDSPSSFA | -.18 | -2.50 | .05            |
|                              | SWBSRWB  | .18  | 2.15  | .05            |
| Nursing Home                 | MDSPSS   | -.46 | 3.33  | .01            |
| LSIA                         | Health   | -.30 | 2.16  | .05            |
|                              | SWBSEWB  | -.45 | -3.64 | .001           |
|                              | MDSPSS   | -.42 | -3.42 | .01            |
|                              | WOCPR    | .39  | 2.66  | .05            |
| Ret. Living                  | SWBSEWB  | -.63 | -4.70 | .001           |
| LSIA                         | Health   | -.46 | 3.07  | .01            |
| Indep. Living                | SWBSEWB  | -.56 | -4.47 | .001           |
| LSIA                         | Health   | -.29 | -2.34 | .05            |

Note: LSIA=Life Satisfaction Index-A  
SWBSEWB=Existential Well-Being Subscale of the Spiritual Well-Being Scale  
Health=Subjects self-rated health  
MDSPSSFA=Multidimensional Scale of Perceived Social Support Family Subscale  
SWBSRWB=Religious Well-Being Subscale of the Spiritual Well-Being Scale  
MDSPSS=Multidimensional Scale of Perceived Social Support

|               |         |         |      |      |      |
|---------------|---------|---------|------|------|------|
| Ret. Living   | SWBSEWB | SWBSRWB | .55  | 4.61 | .001 |
|               |         | WOCPR   | -.34 | 2.89 | .01  |
|               |         | Health  | .24  | 2.09 | .05  |
| Indep. Living | SWBSEWB | SWBSRWB | .63  | 4.79 | .001 |

Note: LSIA=Life Satisfaction Index-A  
Health=Subjects self-rated health  
WOCPR=Positive Reappraisal Subscale of the Ways of Coping Scale  
MDSPSSFA=Multidimensional Scale of Perceived Social Support Family Subscale  
MDSPSS=Multidimensional Scale of Perceived Social Support  
SWBSEWB=Existential Well-Being Subscale of the Spiritual Well-Being Scale  
SWBSRWB=Religious Well-Being Subscale of the Spiritual Well-Being Scale

Table 4  
Step-Wise Multiple Regression Analyses for Measures of Life Satisfaction  
Variables Significantly Entering the Predictor Equation ( $p < .05$ )

| Predicted Variable/<br>Group | Variable | Beta | t    | significance < |
|------------------------------|----------|------|------|----------------|
| Overall                      |          |      |      |                |
| LSIA                         | Health   | -.37 | 4.50 | .001           |
|                              | WOCPR    | .27  | 3.42 | .001           |
|                              | MDSPSSFA | -.25 | 2.98 | .01            |
| Nursing Home                 |          |      |      |                |
| LSIA                         | MDSPSS   | -.46 | 3.33 | .01            |
|                              | Health   | -.30 | 2.16 | .05            |
| Ret. Living                  |          |      |      |                |
| LSIA                         | Health   | -.50 | 3.43 | .01            |
|                              | WOCPR    | .39  | 2.66 | .05            |
| Indep. Living                |          |      |      |                |
| LSIA                         | Health   | -.46 | 3.07 | .01            |
| Predicted Variable/<br>Group | Variable | Beta | t    | significance < |
| Overall                      |          |      |      |                |
| SWBSEWB                      | SWBSRWB  | .42  | 5.78 | .001           |
|                              | Health   | .32  | 4.58 | .001           |
|                              | WOCPR    | -.29 | 3.96 | .001           |
| Nursing Home                 |          |      |      |                |
| SWBSEWB                      | Health   | .48  | 3.68 | .001           |
|                              | WOCPR    | -.34 | 2.63 | .01            |
| Ret. Living                  |          |      |      |                |
| SWBSEWB                      | SWBSRWB  | .55  | 4.61 | .001           |
|                              | WOCPR    | -.34 | 2.89 | .01            |
|                              | Health   | .24  | 2.09 | .05            |
| Indep. Living                |          |      |      |                |
| SWBSEWB                      | SWBSRWB  | .63  | 4.79 | .001           |

Note: LSIA=Life Satisfaction Index-A  
 Health=Subjects self-rated health  
 WOCPR=Positive Reappraisal Subscale of the Ways of Coping Scale  
 MDSPSSFA=Multidimensional Scale of Perceived Social Support Family Subscale  
 MDSPSS=Multidimensional Scale of Perceived Social Support  
 SWBSEWB=Existential Well-Being Subscale of the Spiritual Well-Being Scale  
 SWBSRWB=Religious Well-Being Subscale of the Spiritual Well-Being Scale



# INTRINSIC RELIGIOUS MOTIVATION SCALE (IRMS)

Indicate below the degree to which you agree or disagree with the following statements by CIRCILING the response that corresponds to your answer. Circle an answer for EACH question and leave none blank.

|  | STRONGLY<br>AGREE | AGREE | DISAGREE | STRONGLY<br>DISAGREE |
|--|-------------------|-------|----------|----------------------|
| 1. MY FAITH INVOLVES ALL OF MY LIFE.   | 1                 | 2     | 3        | 4                    |
| 2. ONE SHOULD SEEK GOD'S GUIDANCE WHEN MAKING EVERY IMPORTANT DECISION.                                      | 1                 | 2     | 3        | 4                    |
| 3. IN MY LIFE I EXPERIENCE THE PRESENCE OF THE DIVINE.   | 1                 | 2     | 3        | 4                    |
| 4. MY FAITH SOMETIMES RESTRICTS MY ACTIONS.  | 1                 | 2     | 3        | 4                    |
| 5. NOTHING IS AS IMPORTANT TO ME AS SERVING GOD AS BEST I KNOW HOW.  | 1                 | 2     | 3        | 4                    |
| 6. I TRY HARD TO CARRY MY RELIGION OVER INTO ALL OF MY OTHER DEALINGS IN LIFE.                               | 1                 | 2     | 3        | 4                    |
| 7. MY RELIGIOUS BELIEFS ARE WHAT REALLY LIE BEHIND MY WHOLE APPROACH TO LIFE.                                | 1                 | 2     | 3        | 4                    |
| 8. IT DOESN'T MATTER SO MUCH WHAT I BELIEVE AS LONG AS I LEAD A MORAL LIFE.                                  | 1                 | 2     | 3        | 4                    |
| 9. ALTHOUGH I AM A RELIGIOUS PERSON, I REFUSE TO LET RELIGIOUS CONSIDERATIONS INFLUENCE MY EVERYDAY AFFAIRS. | 1                 | 2     | 3        | 4                    |
| 10. ALTHOUGH I BELIEVE IN MY RELIGION, I FEEL THERE ARE MANY MORE IMPORTANT THINGS IN LIFE.                  | 1                 | 2     | 3        | 4                    |

## Appendix A Instruments

# RELIGIOSITY (CHURCH ATTENDANCE)

Place a check mark (✓) next to the choice that best describes your answer to the following question.

ABOUT HOW OFTEN, IF EVER, HAVE YOU ATTENDED RELIGIOUS SERVICES IN THE PAST YEAR?

- (1) ONCE A WEEK OR MORE
- (2) TWO OR THREE TIMES A MONTH
- (3) ONCE A MONTH
- (4) A FEW TIMES A YEAR OR LESS
- (5) NEVER

INTRINSIC RELIGIOUS MOTIVATION SCALE (IRMS)

Indicate below the degree to which you agree or disagree with the following statements by **CIRCLING** the response that corresponds to your answer. Circle an answer for EACH question and leave none blank.

|  | STRONGLY<br>AGREE | AGREE | DISAGREE | STRONGLY<br>DISAGREE |
|--|-------------------|-------|----------|----------------------|
| 1. MY FAITH INVOLVES ALL OF MY LIFE.   | 1                 | 2     | 3        | 4                    |
| 2. ONE SHOULD SEEK GOD'S GUIDANCE WHEN MAKING EVERY IMPORTANT DECISION.                                      | 1                 | 2     | 3        | 4                    |
| 3. IN MY LIFE I EXPERIENCE THE PRESENCE OF THE DIVINE.   | 1                 | 2     | 3        | 4                    |
| 4. MY FAITH SOMETIMES RESTRICTS MY ACTIONS.  | 1                 | 2     | 3        | 4                    |
| 5. NOTHING IS AS IMPORTANT TO ME AS SERVING GOD AS BEST I KNOW HOW.  | 1                 | 2     | 3        | 4                    |
| 6. I TRY HARD TO CARRY MY RELIGION OVER INTO ALL OF MY OTHER DEALINGS IN LIFE.                               | 1                 | 2     | 3        | 4                    |
| 7. MY RELIGIOUS BELIEFS ARE WHAT REALLY LIE BEHIND MY WHOLE APPROACH TO LIFE.                                | 1                 | 2     | 3        | 4                    |
| 8. IT DOESN'T MATTER SO MUCH WHAT I BELIEVE AS LONG AS I LEAD A MORAL LIFE.                                  | 1                 | 2     | 3        | 4                    |
| 9. ALTHOUGH I AM A RELIGIOUS PERSON, I REFUSE TO LET RELIGIOUS CONSIDERATIONS INFLUENCE MY EVERYDAY AFFAIRS. | 1                 | 2     | 3        | 4                    |
| 10. ALTHOUGH I BELIEVE IN MY RELIGION, I FEEL THERE ARE MANY MORE IMPORTANT THINGS IN LIFE.                  | 1                 | 2     | 3        | 4                    |

RELIGIOSITY (CHURCH ATTENDANCE)

Place a check mark (✓) next to the choice that best describes your answer to the following question.

ABOUT HOW OFTEN, IF EVER, HAVE YOU ATTENDED RELIGIOUS SERVICES IN THE PAST YEAR?

- (1) ONCE A WEEK OR MORE
- (2) TWO OR THREE TIMES A MONTH
- (3) ONCE A MONTH
- (4) A FEW TIMES A YEAR OR LESS
- (5) NEVER



## LIFE SATISFACTION INDEX-A (LSIA)

Here are some statements about life in general that people feel differently about. Would you read each statement on the list, and if you agree with it, put a check mark (✓) in the space under "AGREE." If you do not agree with a statement, put a check mark (✓) in the space under "DISAGREE." If you are not sure one way or the other, put a check mark (✓) in the space under "?." PLEASE BE SURE TO ANSWER EVERY QUESTION ON THE LIST.

|   | AGREE     | DISAGREE | ?     |
|---|-----------|----------|-------|
| 1. AS I GROW OLDER, THINGS SEEM BETTER THAN I THOUGHT THEY WOULD BE.                      | 1. _____  | _____    | _____ |
| 2. I HAVE GOTTEN MORE OF THE BREAKS IN LIFE THAN MOST OF THE PEOPLE I KNOW.               | 2. _____  | _____    | _____ |
| 3. THIS IS THE DREARIEST TIME OF MY LIFE.   | 3. _____  | _____    | _____ |
| 4. I AM JUST AS HAPPY AS WHEN I WAS YOUNGER.  | 4. _____  | _____    | _____ |
| 5. MY LIFE COULD BE HAPPIER THAN IT IS NOW.   | 5. _____  | _____    | _____ |
| 6. THESE ARE THE BEST YEARS OF MY LIFE.   | 6. _____  | _____    | _____ |
| 7. MOST OF THE THINGS I DO ARE BORING OR MONOTONOUS.                                      | 7. _____  | _____    | _____ |
| 8. I EXPECT SOME INTERESTING AND PLEASANT THINGS TO HAPPEN TO ME IN THE FUTURE.           | 8. _____  | _____    | _____ |
| 9. THE THINGS I DO ARE AS INTERESTING TO ME AS THEY EVER WERE.                            | 9. _____  | _____    | _____ |
| 10. I FEEL OLD AND SOMEWHAT TIRED.  | 10. _____ | _____    | _____ |
| 11. I FEEL MY AGE, BUT IT DOES NOT BOTHER ME.   | 11. _____ | _____    | _____ |
| 12. AS I LOOK BACK ON MY LIFE, I AM FAIRLY WELL SATISFIED.                                | 12. _____ | _____    | _____ |
| 13. I WOULD NOT CHANGE MY PAST LIFE EVEN IF I COULD.                                      | 13. _____ | _____    | _____ |
| 14. COMPARED TO OTHER PEOPLE MY AGE, I'VE MADE A LOT OF FOOLISH DECISIONS IN MY LIFE.     | 14. _____ | _____    | _____ |
| 15. COMPARED TO OTHER PEOPLE MY AGE, I MAKE A GOOD APPEARANCE.                            | 15. _____ | _____    | _____ |
| 16. I HAVE MADE PLANS FOR THINGS I'LL BE DOING A MONTH OR A YEAR FROM NOW.                | 16. _____ | _____    | _____ |
| 17. WHEN I THINK BACK OVER MY LIFE, I DIDN'T GET MOST OF THE IMPORTANT THINGS I WANTED.   | 17. _____ | _____    | _____ |
| 18. COMPARED TO OTHER PEOPLE, I GET DOWN IN THE DUMPS TOO OFTEN.                          | 18. _____ | _____    | _____ |
| 19. I'VE GOTTEN PRETTY MUCH WHAT I EXPECTED OUT OF LIFE.                                  | 19. _____ | _____    | _____ |
| 20. IN SPITE OF WHAT PEOPLE SAY, THE LOT OF THE AVERAGE MAN IS GETTING WORSE, NOT BETTER. | 20. _____ | _____    | _____ |



MULTIDIMENSIONAL SCALE OF PERCEIVED SOCIAL SUPPORT (MDSPSS)

CIRCLE THE NUMBER THAT BEST INDICATES YOUR AGREEMENT WITH EACH STATEMENT.

1. THERE IS A SPECIAL PERSON WHO IS AROUND WHEN I AM IN NEED.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
2. THERE IS A SPECIAL PERSON WITH WHOM I CAN SHARE MY JOYS AND SORROWS.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
3. MY FAMILY REALLY TRIES TO HELP ME.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
4. I GET THE EMOTIONAL HELP AND SUPPORT I NEED FROM MY FAMILY.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
5. I HAVE A SPECIAL PERSON WHO IS A REAL SOURCE OF COMFORT TO ME.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
6. MY FRIENDS REALLY TRY TO HELP ME.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
7. I CAN COUNT ON MY FRIENDS WHEN THINGS GO WRONG.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
8. I CAN TALK ABOUT MY PROBLEMS WITH MY FAMILY.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
9. I HAVE FRIENDS WITH WHOM I CAN SHARE MY JOYS AND SORROWS.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
10. THERE IS A SPECIAL PERSON IN MY LIFE WHO CARES ABOUT MY FEELINGS.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
11. MY FAMILY IS WILLING TO HELP ME MAKE DECISIONS.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |
12. I CAN TALK ABOUT MY PROBLEMS WITH MY FRIENDS.  

|                        |   |   |   |   |   |                           |   |
|------------------------|---|---|---|---|---|---------------------------|---|
| VERY STRONGLY<br>AGREE | 1 | 2 | 3 | 4 | 5 | 6                         | 7 |
|                        |   |   |   |   |   | VERY STRONGLY<br>DISAGREE |   |



# SPIRITUAL WELL-BEING SCALE (SWBS)

For each of the following statements CIRCLE the choice that best indicates the extent of your agreement or disagreement as it describes your personal experience.

|  | SA = Strongly agree | MA = Moderately agree | A = Agree | D = Disagree | MD = Moderately disagree | SD = Strongly disagree |
|--|---------------------|-----------------------|-----------|--------------|--------------------------|------------------------|
| 1. I DON'T FIND MUCH SATISFACTION IN PRIVATE PRAYER WITH GOD.....                  | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 2. I DON'T KNOW WHO I AM, WHERE I CAME FROM, OR WHERE I'M GOING.....               | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 3. I BELIEVE THAT GOD LOVES ME AND CARES ABOUT ME.....                             | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 4. I FEEL THAT LIFE IS A POSITIVE EXPERIENCE....                                   | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 5. I BELIEVE THAT GOD IS IMPERSONAL AND NOT INTERESTED IN MY DAILY SITUATIONS..... | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 6. I FEEL UNSETTLED ABOUT MY FUTURE.....   | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 7. I HAVE A PERSONALLY MEANINGFUL RELATIONSHIP WITH GOD.....                       | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 8. I FEEL VERY FULFILLED AND SATISFIED WITH LIFE.....                              | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 9. I DON'T GET MUCH PERSONAL STRENGTH AND SUPPORT FROM MY GOD.....                 | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 10. I FEEL A SENSE OF WELL-BEING ABOUT THE DIRECTION MY LIFE IS HEADED IN.....     | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 11. I BELIEVE THAT GOD IS CONCERNED ABOUT MY PROBLEMS.....                         | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 12. I DON'T ENJOY MUCH ABOUT LIFE.....   | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 13. I DON'T HAVE A PERSONALLY SATISFYING RELATIONSHIP WITH GOD.....                | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 14. I FEEL GOOD ABOUT MY FUTURE.....   | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 15. MY RELATIONSHIP WITH GOD HELPS ME NOT TO FEEL LONELY.....                      | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 16. I FEEL THAT LIFE IS FULL OF CONFLICT AND UNHAPPINESS.....                      | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 17. I FEEL MOST FULFILLED WHEN I'M IN CLOSE COMMUNION WITH GOD.....                | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 18. LIFE DOESN'T HAVE MUCH MEANING.....  | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 19. MY RELATION WITH GOD CONTRIBUTES TO MY SENSE OF WELL-BEING.....                | SA                  | MA                    | A         | D            | MD                       | SD                     |
| 20. I BELIEVE THERE IS SOME REAL PURPOSE FOR MY LIFE.....                          | SA                  | MA                    | A         | D            | MD                       | SD                     |



WAYS OF COPING: POSITIVE REAPPRAISAL & SEEKING SOCIAL SUPPORT

•Describe the most stressful encounter that you have experienced in the past month: \_\_\_\_\_

•How stressful was this encounter:

Least Stressful  
Ever Experienced

Most Stressful  
Ever Experienced

1 2 3 4 5 6 7

Please read each item below and indicate, by circling the appropriate category, to what extent you used it in the situation just described.

|  | Not<br>Used | Used<br>some-<br>what | Used<br>quite a<br>bit | Used<br>a great<br>deal |
|--|-------------|-----------------------|------------------------|-------------------------|
| 8. Talked to someone to find out more about the situation.               | 0           | 1                     | 2                      | 3                       |
| 18. Accepted sympathy and understanding from someone.                    | 0           | 1                     | 2                      | 3                       |
| 20. I was inspired to do something creative.                             | 0           | 1                     | 2                      | 3                       |
| 22. I got professional help.   | 0           | 1                     | 2                      | 3                       |
| 23. Changed or grew as a person in a good way.                           | 0           | 1                     | 2                      | 3                       |
| 30. I came out of the experience better than when I went in.             | 0           | 1                     | 2                      | 3                       |
| 31. Talked to someone who could do something concrete about the problem. | 0           | 1                     | 2                      | 3                       |
| 36. Found new faith.   | 0           | 1                     | 2                      | 3                       |
| 38. Rediscovered what is important in life.                              | 0           | 1                     | 2                      | 3                       |
| 42. I asked a relative or friend I respected for advice.                 | 0           | 1                     | 2                      | 3                       |
| 45. Talked to someone about how I was feeling.                           | 0           | 1                     | 2                      | 3                       |
| 56. I changed something about myself.                                    | 0           | 1                     | 2                      | 3                       |
| 60. I prayed.  | 0           | 1                     | 2                      | 3                       |



## SOCIAL READJUSTMENT RATING SCALE

(Life Change Units are derived from this instrument: LCUTOT)

Please check (✓) each item that has occurred in the past two years. If an event occurred more than two years ago but you still think about it a lot check it as well.

- | ✓     | Events  |
|-------|---|
| _____ | 1. Death of spouse                            |
| _____ | 2. Divorce                                    |
| _____ | 3. Marital separation                         |
| _____ | 4. Jail term                                  |
| _____ | 5. Death of close family member               |
| _____ | 6. Personal injury or illness                 |
| _____ | 7. Marriage                                   |
| _____ | 8. Fired at work                              |
| _____ | 9. Marital reconciliation                     |
| _____ | 10. Retirement                                |
| _____ | 11. Change in health of family member         |
| _____ | 12. Pregnancy                                 |
| _____ | 13. Sex difficulties                          |
| _____ | 14. Gain of new family members                |
| _____ | 15. Business readjustment                     |
| _____ | 16. Change in financial state                 |
| _____ | 17. Death of close friend                     |
| _____ | 18. Change to different line of work          |
| _____ | 19. Change in number of arguments with spouse |
| _____ | 20. Mortgage over \$30,000                    |
| _____ | 21. Foreclosure of mortgage or loan           |
| _____ | 22. Change in responsibilities at work        |
| _____ | 23. Son or daughter leaving home              |
| _____ | 24. Trouble with in-laws                      |
| _____ | 25. Outstanding personal achievement          |
| _____ | 26. Spouse begins or stops work               |
| _____ | 27. Begin or end school                       |
| _____ | 28. Change in living conditions               |
| _____ | 29. Revision of personal habits               |
| _____ | 30. Trouble with boss                         |
| _____ | 31. Change in work hours or conditions        |
| _____ | 32. Change in residence                       |
| _____ | 33. Change in schools                         |
| _____ | 34. Change in recreation                      |
| _____ | 35. Change in church activities               |
| _____ | 36. Change in social activities               |
| _____ | 37. Mortgage or loan less than \$30,000       |
| _____ | 38. Change in sleeping habits                 |
| _____ | 39. Change in number of family get-togethers  |
| _____ | 40. Change in eating habits                   |
| _____ | 41. Vacation                                  |
| _____ | 42. Christmas                                 |
| _____ | 43. Minor violations of the law               |

IL

1. Do you believe you are a religious person?  
☐ Very ☐ Moderately ☐ Somewhat ☐ Not at all
2. Do you believe you have ever felt the presence of God or of a higher being? Yes ☐ No ☐
3. Do you believe you come from a religious family background? Yes ☐ No ☐
4. In your childhood, did your parents take or send you to church or synagogue?  
☐ Take, how often? \_\_\_\_\_  
☐ Send, how often? \_\_\_\_\_  
☐ Neither
5. If you did not attend worship services at a church or synagogue in your childhood, how old were you when you began attending?  
☐ Years ☐ Never attended
6. Have you participated in religious activities other than the worship services at a church or synagogue?  
☐ As a child ☐ As an adult ☐ Throughout your life ☐ Never
7. How often do you read, or have read to you, religious materials? \_\_\_\_\_
8. How often do you listen to or watch religious programs on the radio or T.V.? \_\_\_\_\_
9. How often do you pray? \_\_\_\_\_
10. Do you worship in your own way, rather than attend formal worship services?  
 Yes ☐ No ☐  
 If Yes, how long have you worshiped in this way? \_\_\_\_\_
11. Do you presently belong to a church or synagogue? Yes ☐ No ☐
12. Do you presently give money to a church or synagogue? Yes ☐ No ☐
13. How often are worship services available at that church or synagogue? \_\_\_\_\_
14. How often do you attend worship services at that church or synagogue? \_\_\_\_\_  
 Do you need assistance to attend these services? Yes ☐ No ☐  
 If Yes, who usually provides the assistance? \_\_\_\_\_
15. Other than the worship services, does your church or synagogue offer activities which you feel meet your needs? Yes ☐ No ☐  
 If Yes, what are these activities? \_\_\_\_\_  
 Do you participate in these activities? Yes ☐ No ☐ Sometimes ☐
16. Do you ever attend worship services other than those of your denomination?  
 Yes ☐ No ☐ Sometimes ☐  
 If Yes, why? \_\_\_\_\_  
 If Yes, do you feel fulfilled by those worship services? Yes ☐ No ☐  
 If Yes, why? \_\_\_\_\_



NH

1. Do you believe you are a religious person?  
☐ Very  
☐ Moderately  
☐ Somewhat  
☐ Not at all
2. Do you believe you have ever felt the presence of God or of a higher being? Yes ☐ No ☐
3. Do you believe you come from a religious family background? Yes ☐ No ☐
4. In your childhood, did your parents take or send you to church or synagogue?  
☐ Take, how often? \_\_\_\_\_  
☐ Send, how often? \_\_\_\_\_  
☐ Neither
5. If you did not attend worship services at a church or synagogue in your childhood, how old were you when you began attending?  
☐ Years \_\_\_\_\_  
☐ Never attended
6. Have you participated in religious activities other than the worship services at a church or synagogue?  
☐ As a child  
☐ As an adult  
☐ Throughout your life  
☐ Never
7. How often do you read, or have read to you, religious materials? \_\_\_\_\_
8. How often do you listen to or watch religious programs on the radio or T.V.? \_\_\_\_\_
9. How often do you pray? \_\_\_\_\_
10. Do you worship in your own way, rather than attend formal worship services?  
Yes ☐ No ☐  
If Yes, how long have you worshiped in this way? \_\_\_\_\_
11. Do you presently belong to a church or synagogue? Yes ☐ No ☐
12. Do you presently give money to a church or synagogue? Yes ☐ No ☐
13. How often are worship services available at that church or synagogue? \_\_\_\_\_
14. How often did you attend worship services at your church or synagogue before moving to your facility? \_\_\_\_\_
15. Are worship services offered at your facility? Yes ☐ No ☐  
If Yes, how often are services available? \_\_\_\_\_
16. How often do you attend worship services at your facility? \_\_\_\_\_  
Do you need assistance to attend these services? Yes ☐ No ☐  
If Yes, who usually provides the assistance? \_\_\_\_\_

NH

17. Does your facility offer worship services of your denomination?

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

18. Do you feel fulfilled by the worship services which are available?

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

If Yes, why? \_\_\_\_\_

19. Other than worship services, does your facility offer religious activities which you feel meet your needs? Yes \_\_\_ No \_\_\_

If Yes, what are these activities? \_\_\_\_\_

20. Do you participate in these activities? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

21. Do you attend worship services or religious activities outside of your facility?

Yes \_\_\_ No \_\_\_

If Yes, how often do you attend? \_\_\_\_\_

Do you need assistance to attend these services or activities? Yes \_\_\_ No \_\_\_

If Yes, who provides the assistance? \_\_\_\_\_

22. Have you participated in religious activities other than the worship services at a church or synagogue?

\_\_\_ As a child

\_\_\_ As an adult

\_\_\_ Throughout your life

\_\_\_ Never

23. How often do you read, or have read to you, religious materials? \_\_\_\_\_

24. How often do you listen to or watch religious programs on the radio or T.V.? \_\_\_\_\_

25. How often do you pray? \_\_\_\_\_

26. Do you worship in your own way, rather than attend formal worship services?

Yes \_\_\_ No \_\_\_

If Yes, how long have you worshiped in this way? \_\_\_\_\_

27. Do you presently belong to a church or synagogue? Yes \_\_\_ No \_\_\_

28. Do you presently give money to a church or synagogue? Yes \_\_\_ No \_\_\_

29. How often are worship services available at that church or synagogue? \_\_\_\_\_

30. How often do you attend worship services at that church or synagogue? \_\_\_\_\_

Do you need assistance to attend these services? Yes \_\_\_ No \_\_\_

If Yes, who usually provides the assistance? \_\_\_\_\_



CL/RC  
CL/RC

15. Other than the worship services, does your church or synagogue offer activities which

1. Do you believe you are a religious person?

\_\_\_ Very

\_\_\_ Moderately

\_\_\_ Somewhat

\_\_\_ Not at all

16. If you no longer attend worship services at your church or synagogue how long did you do so before moving

2. Do you believe you have ever felt the presence of God or of a higher being? Yes \_\_\_ No \_\_\_

3. Do you believe you come from a religious background? Yes \_\_\_ No \_\_\_

4. In your childhood, did your parents take or send you to church or synagogue?

\_\_\_ Take, how often? \_\_\_\_\_

\_\_\_ Send, how often? \_\_\_\_\_

\_\_\_ Neither

5. If you did not attend worship services at a church or synagogue in your childhood, how old were you when you began attending?

\_\_\_ Years

\_\_\_ Never attended

6. Have you participated in religious activities other than the worship services at a church or synagogue?

\_\_\_ As a child

\_\_\_ As an adult

\_\_\_ Throughout your life

\_\_\_ Never

7. How often do you read, or have read to you, religious materials? \_\_\_\_\_

8. How often do you listen to or watch religious programs on the radio or T.V.? \_\_\_\_\_

9. How often do you pray? \_\_\_\_\_

10. Do you worship in your own way, rather than attend formal worship services?

Yes \_\_\_ No \_\_\_

If Yes, how long have you worshiped in this way? \_\_\_\_\_

11. Do you presently belong to a church or synagogue? Yes \_\_\_ No \_\_\_

12. Do you presently give money to a church or synagogue? Yes \_\_\_ No \_\_\_

13. How often are worship services available at that church or synagogue? \_\_\_\_\_

14. How often do you attend worship services at that church or synagogue? \_\_\_\_\_

Do you need assistance to attend these services? Yes \_\_\_ No \_\_\_

If Yes, who usually provides the assistance? \_\_\_\_\_

-----

CL/RC

15. Other than the worship services, does your church or synagogue offer activities which you feel meet your needs? Yes \_\_\_ No \_\_\_

If Yes, what are these activities? \_\_\_\_\_

Do you participate in these activities? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

16. If you no longer attend worship services at your church or synagogue how long did you do so before moving to your facility? \_\_\_\_\_

17. Are worship services offered at your facility? Yes \_\_\_ No \_\_\_

If Yes, how often are services available? \_\_\_\_\_

18. How often do you attend worship services at your facility? \_\_\_\_\_

Do you need assistance to attend these services? Yes \_\_\_ No \_\_\_

If Yes, who usually provides the assistance? \_\_\_\_\_

19. Does your facility offer worship services of your denomination?

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

20. Do you feel fulfilled by the worship services which are available?

Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

If Yes, why? \_\_\_\_\_

21. Other than the worship services, does your facility offer religious activities which you feel meet your needs? Yes \_\_\_ No \_\_\_

If Yes, what are these activities? \_\_\_\_\_

Do you participate in these activities? Yes \_\_\_ No \_\_\_ Sometimes \_\_\_

6. In general, how would you rate your present physical health:

\_\_\_ Excellent

\_\_\_ Good

\_\_\_ Fair

\_\_\_ Poor

7. How many children do you have? \_\_\_\_\_

How many are still living? \_\_\_\_\_

8. Does your family live in this area?

\_\_\_ Yes

\_\_\_ No

9. What is your religion:

\_\_\_ Protestant

\_\_\_ Catholic

\_\_\_ Jewish

\_\_\_ Other (specify) \_\_\_\_\_



# PERSONAL INFORMATION

10. Do you receive regular visits from:

1. Are you presently:

- ☐ Married
- ☐ Separated
- ☐ Widowed
- ☐ Divorced
- ☐ Remarried, how many times \_\_\_\_
- ☐ Single, never married

11. What is your sex?

2. Are you presently:

- ☐ Living with your spouse/partner
- ☐ Living alone
- ☐ Living with a roommate

12. How old are you?

3. Are you presently:

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Volunteer
- ☐ Not working

4. Are you presently living in:

- ☐ Your own home
- ☐ Congregate setting or Retirement community
- ☐ Nursing home

5. Do you receive assistance from:

- ☐ Home health care agencies
- ☐ Private nurses
- ☐ Companions
- ☐ Nursing staff of facility
- ☐ Receive no assistance

6. In general, how would you rate your present physical health:

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

7. How many children do you have? \_\_\_\_

How many are still living? \_\_\_\_

8. Does your family live in this area?

- ☐ Yes
- ☐ No

9. What is your religion:

- ☐ Protestant
- ☐ Catholic
- ☐ Jewish
- ☐ Other (specify) \_\_\_\_\_

10. Do you receive regular visits from:

- ☐ Family
- ☐ Friends
- ☐ Church members
- ☐ Clergy
- ☐ Other
- ☐ No one

11. What is your sex?

- ☐ Male
- ☐ Female

12. How old are you? \_\_\_\_\_ years

13. Circle last year of formal schooling you completed:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 or more



Thank you for participating in this important study. We wish to find out about how older people view the role of religion in their lives. We believe this study will provide important and useful information about the religious needs of the elderly. You will be asked a number of questions about your religious life. You will also be asked to assess your life satisfaction, life stresses and the coping strategies you use from day-to-day. We ask that you answer ALL questions honestly according to your feelings and beliefs. There is no such thing as a good or bad or right or wrong response in this study as long as you respond in a manner that truly reflects your best response to the questions. We ask that you answer the questions in the order in which they are arranged and not to go back to earlier ones.

Appendix B  
Participant Informed Consent Form

The questionnaires are self-paced and you should work at your own rate. Continue at a rate at which you feel comfortable. If you should become fatigued, feel free to relax and rest until you feel ready to continue. Please answer ALL questions, leaving none blank and read the directions for each questionnaire carefully. Questionnaires are most often on BOTH the front and back of the pages. Be sure to answer the questions on both sides. Ask any questions you have as soon as they occur to you.

We assure you that your identity will be kept in strictest confidence. To assure your anonymity, your name appears nowhere on the questionnaires. Although there is no risk of injury involved, you are free to withdraw from the study at any time.

By filling out the following pages you are indicating your consent to participate in this study.

**THANK YOU FOR YOUR HELP! IT IS GREATLY APPRECIATED!**

**STUDY: Religion and the Elderly**

1988

Thank you for participating in this important study. We wish to find out about how older people view the role of religion in their lives. We believe this study will provide important and useful information about the religious needs of the elderly. You will be asked a number of questions about your religious life. You will also be asked to assess your life satisfaction, life stresses and the coping strategies you use from day-to-day. We ask that you answer ALL questions honestly according to your feelings and beliefs. There is no such thing as a good or bad or right or wrong response in this study as long as you respond in a manner that truly reflects your best response to the questions. We ask that you answer the questionnaires in the order in which they are arranged and not to go back to earlier ones once you have completed them.

The questionnaires are self-paced and you should work at your own rate. Continue at a rate at which you feel comfortable. If you should become fatigued, feel free to relax and rest until you feel ready to continue. Please answer ALL questions, leaving none blank and read the directions for each questionnaire carefully. Questionnaires are most often on BOTH the front and back of the pages. Be sure to answer the questions on both sides. Ask any questions you have as soon as they occur to you.

We assure you that your identity will be kept in strictest confidence. To assure your anonymity, your name appears nowhere on the questionnaires. Although there is no risk of injury involved, you are free to withdraw from the study at any time.

By filling out the following pages you are indicating your consent to participate in this study.

**THANK YOU FOR YOUR HELP!      IT IS GREATLY APPRECIATED!**



Debriefing Information for  
Religion and the Elderly

I want to thank you for helping out with this investigation. Our concern is with the presence and importance of religion in the lives of elderly people, how long ago and in what way these feelings developed. Our concern is not with the responses of specific individuals or the way that they function. All results are held completely confidential and are not even identified by name. We're interested in learning whether or not elderly people in general, in various living situations are satisfied and fulfilled by the type of religious services and the amount of religious experience they currently experience in their lives. There are no individual scores. **Appendix C**  
**Participant Debriefing Form/Information** "good or bad" performance.

Since anything people know (or think they know) about a study can influence their response, I'd like to ask you not to discuss this study with anyone at your facility or meeting place for the next 30 days. I would be glad to discuss the study or answer any questions you have at this time. If you wish to learn more about the study or have details of the results, you may contact Lesh Kelly (in the IUSB Psychology Lab., 237-4269) or Dr. McIntosh (in the IUSB Psychology Department, 237-4343) any time after about one month from now.

Thank you again for helping us with this study. We appreciate your honesty, openness, assistance and cooperation.

Best wishes and thanks again.

1988

## Glossary

### Debriefing Information for Religion and the Elderly

I want to thank you for helping out with this investigation. Our concern is with the presence and importance of religion in the lives of elderly people, how long ago and in what way these feelings developed. Our concern is not with the responses of specific individuals or the way that they function. All results are held completely confidential and are not even identified by name. We're interested in learning whether or not elderly people in general, in various living situations are satisfied and fulfilled by the type of religious services and the amount of religious exposure they currently experience in their lives. There are no individual scores. Therefore, there's really no "right or wrong" or "good or bad" performance.

Since anything people know (or think they know) about a study can influence their response, I'd like to ask you not to discuss this study with anyone at your facility or meeting place for the next 30 days. I would be glad to discuss the study or answer any questions you have at this time. If you wish to learn more about the study or have details of the results, you may contact Leah Kelly (in the IUSB Psychology Lab., 237-4269) or Dr. McIntosh (in the IUSB Psychology Department, 237-4343) any time after about one month from now.

Thank you again for helping us with this study. We appreciate your honesty, openness, assistance and cooperation.

**Best wishes and thanks again.**

*Standard Deviation*—The standard deviation indicates how much the scores for a group vary from the mean for the entire group. Therefore, a smaller standard deviation (abbreviated SD) tells the reader that the scores for the individual respondents were close to that of the mean. In the results section the mean life stress for the nursing home population was given as 301.29 with a standard deviation of 115.73. That means that a very large proportion of the respondents' stress scores were between 185.56 and 417.02 (one standard deviation above and one below the mean, or  $301.29 \pm 115.73$ ).

*Analysis of Variance*—A statistical analysis conducted to determine the existence of statistically significant differences between the means of groups that are studied. The statistic for the Analysis of Variance (sometimes abbreviated ANOVA) is the F ratio and the value of the F ratio is compared to tables based on the number of people in each group to determine whether the differences between the group means are sufficiently large to indicate a significant difference. For example, it is stated in the results section that females indicated higher levels of overall perceived social support than did males and the F ratio of 5.09 is given with a probability that this level of group difference occurring by chance being less than 5% ( $p < .05$ ).



## Glossary

This glossary is included to aid the reader who may be less familiar with statistical terminology. The multidisciplinary nature of the Masters of Liberal Studies degree necessitates the glossary's inclusion. The terms utilized in this manuscript's method and results sections will be briefly explained here and specific examples within the document will be referenced to help in understanding the information presented.

*Statistical Significance*—When a particular result is statistically significant it means that the results are unlikely to have happened by chance and are most likely to have occurred as a result of the variables that are being studied and manipulated in the investigation. This significance is usually expressed in such a fashion that the likelihood that the results occurred by chance are expressed. Most often, a result is considered significant if the probability of observing the obtained results by chance (and not as a result of the variables manipulated in the study) is less than 5%. This is usually displayed as  $p < .05$ . For example, it is stated in the Method section's Respondent subsection that the group of nursing home respondents is significantly older than the independently living group (the probability that the average ages for these groups occurred by chance was very low, in fact less than once in 1000 times would such a difference be expected to occur by chance alone; that is what the  $p < .001$  means).

*Mean*—The mean (abbreviated *M*) for a particular variable studied in an investigation refers to the arithmetic average. That is, the sum of the scores divided by the total number of individuals contributing scores. The mean is one of several possible measures of central tendency or scores that tell the "typical" respondent's score. A single number is used to represent the "average" behavior of the entire group of individuals. In the same example as used for *statistical significance* above, the mean age of the nursing home group was 82.41 years compared to a mean of 70.98 years for the independently living group.

*Standard Deviation*—The standard deviation indicates how much the scores for a group vary from the mean for the entire group. Therefore, a smaller standard deviation (abbreviated *SD*) tells the reader that the scores for the individual respondents were close to that of the mean. In the results section the mean life stress for the nursing home population was given as 301.29 with a standard deviation of 115.73. That means that a very large proportion of the respondents' stress scores were between 185.56 and 417.02 (one standard deviation above and one below the mean, or  $301.39 \pm 115.73$ ).

*Analysis of Variance*—A statistical analysis conducted to determine the existence of statistically significant differences between the means of groups that are studied. The statistic for the Analysis of Variance (sometimes abbreviated ANOVA) is the *F* ratio and the value of the *F* ratio is compared to tables based on the number of people in each group to determine whether the differences between the group means are sufficiently large to indicate a significant difference. For example, it is stated in the results section that females indicated higher levels of overall perceived social support than did males and the *F* ratio of 5.09 is given with a probability that this level of group difference occurring by chance being less than 5% ( $p < .05$ ).



*t-Test*—This statistical analysis technique is similar to the Analysis of Variance. It is utilized to determine whether there is a significant difference between the means for two groups. If there are more than two groups a significant Analysis of Variance will indicate that the means between at least two of the specific means for the groups are significant, but where the difference exists cannot be determined directly from the ANOVA. In that case, a comparison test such as the *t*-test is conducted between the specific pairs of group means to determine where the significance occurs. For example, when the significant age difference between the three groups of older adults who resided in different housing conditions was indicated by a significant *F* ratio (ANOVA), *t*-tests between the pairs were conducted and it was determined that the nursing home residents were significantly older than both other groups and that the retirement living group was in turn older than the independently living group.

*Pearson Correlations*—A correlation is a statistical analysis conducted to determine the relationship between variables studied that were not under the manipulative power of the researcher. The correlation coefficient (which is expressed as a Pearson *r* as the specific statistic) indicates how scores on one variable go with scores on another. In other words, are high scores on one variable associated with high scores on another (a positive relation) or with low scores (a negative relation). The absolute value of the *r* that is presented indicates the strength of the association or relationship between the two variables (the value of the *r* can only range from +1.0 to -1.0 so that the closer to zero the less the association). The correlation allows us some predictive power because it expresses the relationship between two variables. One cannot, however, infer cause and effect relationships (i.e., one variable produced certain levels of another) from the correlation because the researcher did not control the variables. For example, Table 2 presents the correlations between the variables of this investigation. Among the tabled correlations is a correlation of .59 between the IRMS (Intrinsic Religious Motivation Scale) and the SWBS (Spiritual Well Being Scale total score) and the probability that this correlation is observed by chance alone is low ( $p < .001$ ). This means that high scores on IRMS are associated with high scores on the SWBS (the positive sign of the correlation) and because correlations in the range of .5-.6 are quite high in social science research (further away from zero), this is a moderate to strong relationship that allows rather good prediction of one variable if we have the value of the other.

*Analysis of Covariance*—In circumstances in which there is a significant or potentially significant relationship between variables that the researcher has manipulated and those that the research has not, an Analysis of Covariance may be conducted to take this relationship into account and to control for it statistically. Otherwise, the Analysis of Covariance remains an Analysis of Variance, it simply allows more statistical control to be employed so as to lessen the probability that results that are in reality not significant will be accepted as significant because the relationship with other variables is not taken into account. Although the findings of no specific Analyses of Covariance are presented in this manuscript, such analyses were conducted with age as a covariate of the variables of this investigation but taking the relationship of age with the other variables into account and controlling for it did not alter the results.



**Multiple Regression Analysis**—A Multiple Regression analysis may be conducted to determine the predictive power of several variables in combination rather than alone as expressed by the Pearson Correlation. In this analysis a variable to be predicted is chosen and then the other variables of the investigation are considered to determine which subset of them best allows the researcher to make a prediction of the level of the predicted variable that one might expect from a respondent. The multiple regression equation expresses the importance or weight (Beta weights as they are called) that each variable receives in the prediction equation as well as whether the variable's contribution to prediction is additive (a positive weight) or subtractive (a negative weight). The variable that contributes the greatest predictive power is placed in the equation first, followed in turn by the next variable that in combination with the first best predicts the predicted variable. Other variables are added individually to the first two (and then the first three, etc.) so long as and until their addition no longer significantly contributes to the predictive power of the equation. As presented in Table 4, this investigation determined the significant prediction equation for life satisfaction for the total sample of the study as well as for each group of older adults who resided in the various living conditions. This analysis revealed that overall, health was the most important variable in predicting life satisfaction and from among the other variables only the subscale for positive reappraisal on the Ways of Coping scale and the family subscore of the Multidimensional Scale of Perceived Social Support added significantly to the ability to predict life satisfaction.

**Reliability**—This refers to the attribute of an instrument or scale to be consistent. There are several varieties of reliability among them is the determination that the instrument measures the same thing across time in the same individuals (called test-retest reliability).

**Validity**—As with reliability, this refers to an attribute of an instrument but in this case it refers specifically to how well the instrument measures what it is intended to measure. Therefore, when an instrument suggests that it measures religiosity, an indication that it is valid means that studies have been done to determine that it indeed measures religiosity. This also may be done in a number of ways but one would be to see whether the correlation of this new measure is strong with another instrument already shown to measure religiosity well.



**VITA**  
**LEAH D. KELLY**

**ADDRESS:**

636 Moody Avenue #F-1  
Elkhart, Indiana 46516  
Phone: (219) 522-2017

**CAREER OBJECTIVE:**

Provide services for the elderly through health care facilities or agencies.

**EDUCATION:**

Master of Liberal Studies, Indiana University at South Bend, South Bend, IN.  
Emphasis on religion and aging. December 1988.

Bachelor of General Studies, Indiana University at South Bend, IN.

Obtained minors in Psychology, Sociology and Religious Studies. May 1987.  
Classes Directly Relevant to Gerontology: Social Gerontology; Psychology of Aging; Death, Dying and Suicide

Certified Nurse's Aide, Elkhart Area Career Center, Elkhart, IN. May 1981.

**EMPLOYMENT AND WORK EXPERIENCE:**

Elkhart General Hospital, Elkhart, IN, Nurse's Aide, 1981 to Present.

Have worked the 11-7 shift exclusively during my employment. Duties include working directly with patients, being observant and alert to changes in their appearance and behavior, and notification of nurses of any such changes.

Progressive Care Unit, 1981 to 1985.

Worked with heart, cancer, stroke and diabetic patients, many of whom were elderly. Nurse's Aide duties and preparation of patients' charts for the following day's routine.

Newborn Nursery, 1985 to Present.

Americana Healthcare Center, Elkhart, IN, Assistant Activities Director, Summers 1986 and 1987.

Assisted in obtaining and scheduling entertainment; led activities and initiated new activities; conducted one-to-one personal visits with those who were bedridden, comatose or otherwise unable to attend group activities. Established a rapport with a few residents where others were unsuccessful.

Indiana University at South Bend, South Bend, IN, Psychology Laboratory Assistant, Spring 1987 to Spring 1988.

Assisted all non-teaching aspects of General Psychology, including proctoring and grading exams, record keeping, student assistance.

Orthotek, Inc., Elkhart, IN, Clinical Manager, Orthodontic & Business Assistant, October 1979 to April 1983.

Personal assistant to the doctor; hands-on experience with patients; ordered all clinic supplies; typed insurance forms, statements, letters and cards; filing.

Secretary-Receptionist and Timekeeping experience, 1976 to 1979



#### RESEARCH EXPERIENCE:

Data collection for my Master's Thesis, a study on religion and aging ("Religion in the Lives of the Elderly"). Respondents were elderly individuals living in area communities. Faculty Advisor: Dr. John McIntosh. Fall 1988.

Data collection for a study on grief and bereavement among survivors of various modes of death. Participants are introductory psychology students. Faculty Director: Dr. John McIntosh. Summer Sessions 1988, and to continue through the academic year 1988-89. (research in progress)

Data collection for studies on "Just World Orientations and Attitudes Toward Suicide Survivors" and "Suicide Facts & Myths Assessment." Respondents were students in introductory psychology classes. Faculty Director: Dr. John McIntosh. Fall 1987 and Spring 1988.

Data collection for a study on grief and bereavement ("Survivors' Reactions: Suicide vs. Other Causes"). Participants were introductory psychology students. Faculty Director: Dr. John McIntosh. Fall 1986 and Spring 1987.

#### RESEARCH GRANTS RECEIVED:

Student Research on Aging research grant awarded by the Center for Gerontological Education, Research and Services of the University of Notre Dame for research on "Religion in the Lives of the Elderly," funds awarded 1988.

#### MANUSCRIPTS IN PREPARATION:

"Religion in the Lives of the Elderly"

"Survivors' Reactions: Suicide vs. Other Causes"

"Just World Orientations and Attitudes Toward Suicide and Suicide Survivors"

"Suicide Facts and Myths: Development of an Instrument"

#### PAPERS PRESENTED AT PROFESSIONAL MEETINGS:

"Survivors' Reactions: Suicide vs. Other Causes." Presented at the annual meeting of the American Association of Suicidology, Washington, D.C., April 1988 (with J. McIntosh). Accepted for inclusion as an ERIC Document. Abstract appeared in Resources in Education.

#### PROFESSIONAL AFFILIATIONS:

Gerontological Society of America

American Society on Aging

American Psychological Association

American Association of Suicidology

#### INTERESTS:

Reading; music; needlework; skiing; other outdoor activities; genealogy.